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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

VERTIGO: REFERABLE TO CHANGES PRODUCED BY UTERO-GESTATION; RETENTION OF PLACENTA, A SEQUALÆ.

BY JOHN A. STAMPS, M. D.,
Of Wallaceburg, Arkansas.

C., aged thirty-five years, coarse-featured, above medium size, had given birth to four children. Labors easy; no abortions. Shortly after her fifth conception, she was attacked, while gathering wood, with vertigo so severely that she could not stand without support by clutching some firm object. This was soon followed by nausea and vomiting; then profuse cold perspiration. After one of these attacks, lasting from a few minutes to an hour or so, she would be comparatively comfortable for a period of time varying from a few days to a month (the attacks showing no periodicity), when another attack would make itself manifest, and with each recurring attack there was an increased severity of symptoms. She invariably fell to the ground or floor when not near some object from which to obtain support. This train of symptoms continued till the birth of the child, since which there has been no return of these attacks.

At about the seventh month of gestation, a tolerably copious hemorrhage occurred (the midwife thinking that labor had set in), with one or two labor-like pains. The flooding gradually disappeared, lasting one day, and there was no return of it.

About two months later, labor set in and progressed normally till the child was partially born,

when all pains ceased, the midwife having to complete delivery by artificial means.

After waiting a short while for the normal establishment of the third stage of labor to no avail, the midwife proceeded to assist nature by trying the various domestic remedies so rife among them, and finally making traction on the cord, which, with an ignorant midwife, is of no avail, as they, not knowing the axis of the pelvis, render all of their force futile by pulling the cord up against the pubis. But the placenta could not be separated from its attachments, nor the uterus stimulated to expulsive contractions.

I saw the case eighteen hours after the birth of the child; found the mother very restless, with haggard expression of countenance, complaining of pain in her head and back, pulse quick and wiry, skin moistened with a clammy perspiration, and having a peculiar boggy feel. The abdominal walls were very thick from deposition of fat, and somewhat flaccid. The uterus could be distinctly made out through the thick abdominal walls as a hard pyriform enlargement on a level with or slightly above the umbilicus by an examination per vaginam. There was no hemorrhage, and had not been any worth mentioning (the midwife said), no lacerations discoverable, the os was only partially dilated, admitting of the tips of only three fingers so arranged as to occupy the least space possible; nothing more could be made out, so I now attempted expression by Créde's method, and after trying this at intervals for a number of times to no avail, I made slight traction on the cord, at the same time kneading the uterus with my other hand. After giving this a fair trial, with negative results, I gave her one drachm of fid.

ext. of ergot, and after waiting about thirty minutes, I repeated my attempts to excite the uterus to expulsive contractions, but with negative results.

As the patient had by this time become very restless and excited, begging me to do something for her, and being aware of the hemorrhage two months previously, I concluded that there had been such firm adhesions formed as to render operative procedure necessary, so I gave another dose of ergot in order to excite firm contractions in the uterus, and after making the necessary preparations, administered chloroform till she was sufficiently under its influence as to be rendered insensible to pain.

I then introduced my hand (previously washed in a solution of carbolic acid of moderate strength) into the uterus after overcoming a somewhat rigid os, and found the placenta adherent throughout its entirety to the left lateral surface of the fundus and body of the uterus. Beginning at its lower margin, I insinuated my fingers between it and the uterine walls, and soon succeeded in separating it from its attachment, still with considerable difficulty, leaving three small pieces which were removed immediately after examining the placenta and detecting their absence.

There was scarcely any hemorrhage during the whole procedure, not more than three or four ounces at greatest, and the uterus was found shortly afterwards to be firmly contracted. I put her on quinine and ergot, and she made a rapid and uninterrupted recovery.

The peculiar features of the case are the train of symptoms, beginning with vertigo, then nausea and vomiting, and lastly profuse sweating. Let us now turn our attention to the causes producing these symptoms.

Her generative tract had been enfeebled by several years' indulgence in excessive venery (being a degraded prostitute), and the depraved state of her general system, brought about by an insufficient amount of food and raiment, only aided to lessen her resistive powers to withstand the morbid influences that might occur. Besides, M. Cazeaux has pretty well established the fact in the minds of many that there is general anæmia in connection with pregnancy, and if such a state exists in persons of a previously robust and healthy constitution, we can readily see how a train of morbid symptoms may be produced in one rendered below par by the above degrading influences.

So soon as the ovum becomes fixed in the uterus, there is a very important train of changes brought

about for the well-being of the little inhabitant. All the organs of generation become surcharged with blood, this being most marked in the uterus, especially in that part to which the attachment is formed, this congestion continually increasing during the whole term of utero-gestation, stimulating and effecting hypertrophy of the tissues of the uterus. Muscular fibres which were invisible and imperfect in form now become distinctly visible, acquiring all the properties of fully developed muscular tissue elsewhere.

The nerves which before were scarcely demonstrable by any means, are developed into massive plexuses. "The nerves seemed to undergo just as great hypertrophy as the rest of the uterine tissues." [Byford's *Obstetrics*, p. 61.]

Dr. Lee also holds to the opinion that the uterine nerves increase in bulk, while Dr. Snowbeck says that there is no increase of nervous tissue, the increased bulk being due to enlargement of the neurilemma, which is merely fibrous tissue, and neither a generator nor a conductor of nerve force.

But be this as it may, we know that there is a rapid increase in the size and weight of the uterus, and as a result of this there is an encroachment upon the important vessels and nerves near it, and being partially walled in by the bony pelvis and with the weight of the uterus and its contents rendering all expansive efforts beyond narrow limits out of the question, there must necessarily be an amount of pressure on these vessels varying with the size and weight of the uterus, and spaciousness of the pelvic canal.

Byford writes thus in his "*Obstetrics*," p. 64: "Enlargement of the uterus also makes pressure upon the vessels and nerves that sometimes gives rise to inconveniences, and even diseases somewhat remote from the pelvis."

Now, as a result of the disturbed circulation, what should we expect to find? There would be (1) a disturbance of arterial tone, leading to (2) changes in the general blood pressure, resulting in (3) a disturbance of the normal flow of blood through the arteries and veins of the body at large.

M. Foster's *Physiology*, p. 255, says: "The normal general blood pressure, and therefore the normal flow of blood, is in fact dependent on the general tone of the minute arteries. In the second place, changes in the local tone, i. e., the tone of any particular vascular area, have very decided effects on the circulation."

These effects are both local and general, as the following suppositions will show:

As long as there is a normal state of the vascular areas, viz., an equal arterial pressure, peripheral resistance, arterial tone, etc., the amount of blood flowing through one area would be no greater than that of another of equal size. But in this case the internal iliacs, and other vessels lying in close relation, became the subjects of constriction, and as a result there was an increased peripheral resistance and arterial pressure, which tended to cause the blood in the body at large to flow more rapidly from the arterial into the venous system. The constriction of these vessels, however, will prevent any increased flow through them per contra, making the flow less than before, and hence it is plain that an increased flow must take place through other channels. Consequently, we have (1) a diminished flow through these vessels; (2) an increased general arterial pressure, leading to (3) an increased flow through the other arteries.

Thus we see that the arterial tone, both general and local, is a powerful instrument for determining the flow of blood to the various organs and tissues of the body, and thus becomes a means of indirectly influencing their functional activity. We know that this tone is maintained by the vaso-motor system of nerves under the directing influences of the central nervous system. We should accordingly expect to find that the vaso-motor nerves were connected with, and arterial tone regulated by, the central nervous system, in order that the calibre of the arteries of, and the supply of blood sent to, this or that vascular area might be varied according to the needs of the economy.

Mr. Foster writes that division of the cervical sympathetic at any point in its course from the upper to the lower cervical ganglion causes dilatation or loss of tone in the blood-vessels of the head and face."

Hence the inference is that the normal tone of the arteries of the head and face is maintained by influences proceeding from the central nervous system passing through certain rami communicantes into the cervical sympathetic, and ascending to the head by that nerve, or in other words the vaso-motor fibres of the head and face may be traced down the sympathetic to the lower cervical ganglia, and thence by rami communicantes into the spinal cord.

Now, the most natural interpretation, therefore, of the vaso-motor action in this case, is to suppose that the normal tone of the arteries of the head and face is maintained by tonic constrictive impulses of a certain intensity, which

pass from the central nervous system along the sympathetic, and that dilatation of the same arteries is due simply to a diminution or absence of these constrictive impulses.

Now to turn our attention to the uterus, we know that the pressure exerted by it and its contents on these vessels was sufficient to interrupt the normal tone of the arteries of the body, and thus interfere with the normal circulation of blood through them, also that the pressure on the veins brought about deleterious effects, by preventing the proper elimination of waste materials, as the following will show:

The return of blood through the emulgent veins is retarded and the renal capillaries distended by this pressure, preventing the functional action of the kidneys, and thus urea and other excrementitious substances are imperfectly eliminated from the circulation, and according to Frerichs the urea is changed into ammonia carb., and this circulating through the nervous centres very greatly increases their excitability. The pressure exerted on the sacral nerves, with the morbid changes that existed in the blood, brought about by the impaired general health and the other changes already spoken of, were sufficient to set up a morbid excitability of the central nervous system.

Byford writes thus in his "Obstetrics," p. 66: "The blood is not as rich in red globules as in ordinary health, and there are more salts, and water, and effete substances in it during pregnancy than in health."

M. Foster also writes, p. 263 of his "Physiology," that "it is more than probable that many substances introduced into the blood from natural or morbid changes affect blood pressure by acting directly on the nervous centres."

Now, as the nervous centres were continually exposed to these morbid principles, when once the requisite amount of irritation was produced, a discharge followed in the form of the symptoms already spoken of.

Thus, the inference is clear that in this case the impulses passing along the vaso-motor fibres, which kept the arteries of the head and face in a state of moderate tonic constriction, failed, and there was a morbid state set up either in the form of dilatation or constriction.

Foster says in his "Physiology," p. 260, that "the condition of the central nervous system seems to determine whether the reflex effects of the vaso motor fibres are in the direction of constriction or dilation."

I am not prepared to say positively which one

of these effects was produced, as vertigo not unfrequently attends anemia and loss of blood on the one hand, and cerebral congestion and inflammation on the other.

But from the fact that there was a disturbance of the circulation in the lower extremity, which lessened the amount of blood flowing through these vessels, thus necessarily causing an increased amount of blood flowing through the vessels of the upper extremity, and from the fact that an attack was not unfrequently brought on by stooping over, thus encouraging an increased flow of blood to the head, I am led to believe that the vertigo was due in part to temporary congestion. By referring to Byford's "Obstetrics," p. 65, you will find the following: "All this pressure upon the arteries of the abdomen preventing so much blood from being distributed by them, causes more fluid to be sent through the carotid and vertebral arteries to the brain inducing unusual repletion of the vessels of the brain, and the consequences not unfrequent in the latter months of pregnancy, such as vertigo, etc.

Well, now, if this state of affairs could be induced in the latter months of pregnancy from the pressure alone, we can readily see how an amount of pressure not nearly so great would produce the same effects in a subject whose nervous centres were already in a state of morbid excitability due to the blood changes produced by bad hygienic surroundings, etc. The next symptom, vomiting, was certainly of nervous origin, for it occurred only at the times that she had an attack of the other symptoms. The impulses acting directly on its centre, which is situated in the medulla oblongata, or through the central nervous system, excited first nausea, and then copious vomiting of the contents of the stomach. The last of the symptoms produced was copious perspiration, which occurred immediately after the vomiting, and was certainly due to impulses conveyed to its centre, if any exist, and from the following one would reasonably suppose that one exists in the medulla, or it has a marked influence over this secretion.

Nawrocki, who found that the reflex excitation of sweat by stimulation of the central sciatic failed when the spinal cord was divided below the medulla, believed that a general sweat-centre was situated in the medulla; and to still further strengthen his views, Ott found that stimulation of the medulla excited active secretion.

Foster, page 499, of his *Physiology*, writes: "We are thus led to speak of sweat-centres analogous to the vaso-motor centres, as existing in

the central nervous system; and, as in the case of vaso-motor centres, a dispute has arisen as to whether there is a dominant sweat-centre in the medulla oblongata, or whether such centres are more generally distributed over the whole spinal cord."

Besides this, the changes in the arterial tone, bringing about dilatation of the cutaneous vessels and an increased flow of blood through them, would act as a prolific cause of exciting perspiration, for we all know that when the vessels of the skin are dilated, as after some unusual exertion on a warm day, that the secretion of sweat is abundant. Hence, it is clear to my mind that these various phenomena were produced by first a morbid excitability of the central nervous system, brought about by the stimulating effects of pregnancy upon a nervous system already enfeebled by excessive venery, general blood depuration and an excessive indulgence in smoking.

B. W. Richardson writes thus: "That the blood is made thinner and the red blood-cells become oval and irregular at their edges, and instead of having a mutual attraction for each other—a good sign within certain limits of their physical health—they lie loosely scattered; it is impossible to say much in favor of smoking when the disease called vertigo is mentioned. I have undoubtedly known, in examples of extreme indulgence, the confusion of vision and ringing in the ears, accompanied by symptoms of giddiness and unsteadiness, commonly known under the name of vertigo."

But this was only one of the several causes producing these phenomena, as there was a total abstinence from smoking during the last three or four months of pregnancy with the hope of being benefited, but with very slight, if any, amelioration of the severity, and none as to frequency of the attacks.

Mr. Richardson says: "It is marvellous to observe how quickly the blood will regain its natural characteristics on removal of the poison. One day of abstinence is often sufficient to permit the poisons to escape, and to restore the fluid (meaning blood) to its natural conditions."

Besides, she had been an inveterate smoker for years before the conception, and had never suffered from the above symptoms till after the conception.

The hemorrhage which occurred two months before confinement could not be traced to any appreciable violence, as she said she had sustained no injuries whatever, and had not exerted herself in any way, and it had been two days since she

had experienced one of those vertiginous attacks, and being near a chair did not fall, as she succeeded in taking a seat before the attack had reached its maximum intensity. We are consequently led to the conclusion that from some deficiency of attachment a portion of the placenta was separated from the uterine walls, affording a means of escape to the blood, and that the detachment extended over a very limited area, as the hemorrhage lasted only one day, and was very slight after the first few gushes, and ceased spontaneously, and that this was followed by a low form of adhesive inflammation, resulting in the formation of adhesions between the placental and uterine surfaces. Retention of the placenta may be due in part to one or more of the following causes:

1. Atony of the muscular coat.
2. To morbid adhesions between the placenta and uterus.
3. To irregular uterine contractions.

Of the causes, I think two, the first and second, can reasonably be applied in this case.

1. Atony of the muscular coat is due to loss of tone in the muscular fibres.

Thomas, page 51, of his *Diseases of Women*, writes: "The tone of the uterus, that is its muscular strength and power of resistance, is decidedly affected by the want of sufficient nutritive material," and in this case there was not only an insufficient amount of nutritive material, but she also lacked a good supply of clothing, and her sexual organs were reduced to a low state of vitality by the excessive amount of irritation she had subjected them to.

M. Foster writes thus: "After prolonged artificial excitation of a muscle within the body the exhaustion is accompanied or rather followed by histological changes of the nature of degeneration."

A muscle, even within the body after prolonged action, is fatigued, i. e., a stronger stimulus is required to produce the same contraction, in other words, its irritability is reduced by functional activity.

Now, from these facts and the fact that all pains ceased before the child was born, and the uterus could not be excited to expulsive contractions any more, we would infer that there was a state of atony, and from the fact that a hemorrhage occurred two months before labor, and that the placenta was so firmly adherent to the uterine walls that it required some force to separate it, we would certainly not deny that there had been adhesive inflammation between the two structures.

AN UNUSUAL CASE OF FRACTURE OF THE FOREARM.

BY WALTER H. PARCELS, M. D.,
Of Lewistown, Pa.

On the 4th of September, E. M., a young man *et. 17 years*, tried, for the first and last time to make a car coupling. The "bullnoses" caught the right arm just above the wrist-joint, while the "deadwoods" secured a good hold just below the elbow. I saw him about two hours after the accident. He had not yet fully recovered from the shock. The hand and arm were cold, having been for an hour or so wrapped in a towel wet with ice water. Much swelling already existed, which greatly interfered with a proper examination, but I persevered in spite of the obstacle. I found excessive mobility and crepitus just above the wrist-joint. Both bones were fractured at this point and somewhat comminuted, but just how much comminuted I was unable to determine. The flesh covering the bones was severely contused. At the junction of the middle and upper thirds of the radius and ulna the flesh was also severely contused, but the bones at this point were apparently uninjured. There was no injury to the arm whatever above. The pulsation of the radial artery was very distinct, but no pulsation of the ulnar artery could be felt. I placed the forearm in splints, and warned by the rapidity of the swelling, applied the bandages much more loosely than I usually do in such cases. Took a look at the arm three hours later, found my dressing already too tight, the arm swelling as rapidly as—I was about to say—a moistened sponge-tent. Re-applied the dressing, allowing room for any continued swelling which might occur. This was late at night. The following morning the arm presented a most unusual appearance. In point of size, it certainly would rival the arm of the fat woman at the circus. The swelling had extended upward nearly to the shoulder. I abandoned the splints, and placed the arm upon a pillow. Saw patient again at noon. Found now that the swelling included the shoulder. The swelling of the forearm had not increased any, probably because the skin could not stretch any more. The following day Dr. Hurlbut saw the case with me, and coincided with my view that the conservative plan of treatment ought to be continued, and in all probability a useful arm would result. Cloths wet with tincture of arnica and whisky had been constantly applied since placing the arm upon the pillow. In a couple of days more, large blis-

ers, some containing possibly half a drachm of bloody serum, formed over the forearm.

On the inner side, large sloughs were forming, the outer side being *completely* covered with these blisters. The swelling now extended upon the trunk, reaching nearly to the sternum. The blisters were punctured, and large quantities of serum escaped, but there was no diminution of the swelling. Five or six days later I felt that a crisis in the case had been reached, and now, what should I do? A great portion of the inner aspect of the forearm was black, while the remaining portions of the entire forearm presented one continuous raw sore from the bursting of these blisters.

Morphia had been given to control the pain thus far, and the whisky and arnica cloths had been exchanged for dressings of carbolyzed cosmoline. I had the young man also on quinia in good-sized doses and tinctura ferri mur. The pulse was strong and 120, while the temperature was 102° to 103°. The sensation of the fingers was good. The denuded surface of a portion of the outer part of the forearm had a pinkish hue, but there were spots which looked dark—almost black. The color of the hand, which was also swollen to the utmost capacity of the skin, was not very promising. The color of the skin above the elbow was none too good. Was this gangrene? Should I amputate? If so, where? At what point will the line of demarcation probably form? The case had much the appearance of a compound fractured leg which I saw many years ago. This leg was under the charge of a justly eminent surgeon, who said: "While those islands of healthy skin remain, I still have hopes of saving the limb." But the gangrenous tide would not recede, the islands were soon submerged, and five or six days later, Death, with his relentless scythe, severed the last lingering hopes of the surgeon and the earthly hopes of the patient. However, there was nothing for me to do but wait. Two or three days later, I discovered on the inner and anterior aspect of the arm, above the elbow, a spot which seemed very tender and somewhat soft to the touch. Applied flaxseed poultice, and the following day plunged in the lancet. About three ounces of bloody pus escaped. Next day there was much less swelling of all the parts above this point. The tide had finally begun to ebb. The sloughs soon began to separate, and great quantities of bloody pus escaped. From this time on the case continued to improve.

The whole forearm seemed a mine of pus. I

promptly opened the abscesses as rapidly as they formed. In about seven weeks I found that union of the fractured bones had taken place. The size of the wrist was enormous, owing to the great amount of callus thrown out. The shoulder and elbow were all right, wrist joint stiff, fingers benumbed and nearly motionless. Pronation and supination were also lost. The abscesses were still discharging large quantities of pus. Massage was soon begun, and also passive motion. At the end of six months the discharge of pus had finally ceased. The proper motions of the wrist joint had been restored, as had also pronation and supination. The arm seemed quite straight, the callus had been absorbed until the wrist was no larger than it should be. The fingers and thumb could all be bent, but not voluntarily. The thumb and first two fingers seemed to be partially paralyzed; the others were all right. Massage was continued.

Now, at the end of a year, the arm is weaker than the other, and there is some little atrophy of the muscles of the forearm. The motions of the thumb and first two fingers are still somewhat impaired, but the trouble seems to be at the extremities only. The grip with the whole hand is good. He has been working for two or three months.

What made this great swelling? Why was there so much pus discharged? I think that a blood-vessel was ruptured, and as there is no pulsation of the ulnar artery now, I think here lies the secret.

A NEW HIP SPLINT.

BY GEORGE R. ELLIOTT, M. D.,

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The accompanying cut illustrates a form of splint for treating hip-joint disease, which I have devised with the object in view of permitting a certain amount of motion in the chronically inflamed joint, thus hastening the reparative process, at the same time rendering thorough support and protection to the disabled part, as evidenced in the complete relief of the patient's suffering.

To Dr. Milton Josiah Roberts is due the credit of clearly bringing before the profession this method of treatment, suggested some years ago by the veteran orthopedic surgeon, Dr. Davis.

This instrument is intended to meet the same indications for treatment as Dr. Roberts' long elastic tension splint, which has inside thigh and leg segments, and the mechanism he employs I have largely utilized in its construction. My

aim has been to reduce the mechanism necessary to accomplish the object sought after to the minimum, and to make an apparatus so simple that any one, without any special mechanical knowledge, can use it. Once applied, it will retain its place as perfectly as any fixed appliance.

An abdominal band (Fig. 1) is firmly fixed to the pelvis by means of perineal straps (2 and 3). To this band is attached the main shaft of the splint (at *e*) by a joint permitting flexion and extension within certain limits. The opposing end of the splint is attached to the shoe, and the latter firmly secured to the leg by means of adhesive plaster. Now, any mechanism which will push the attached shoe from the abdominal band will exert traction upon the limb. This is accomplished by thigh and leg segments, each segment being made up of two bars, one of which slides upon the other, the traction agent being adjustable elastic straps acting upon the bars as shown in the cut. Free motion is permitted at the ankle-joint, so constructed that the shoe or splint respectively can be removed without disturbing the other. At the knee, also, free motion is permitted, controlled by elastic straps. Motion at the hip-joint is under absolute control by means of elastic straps passing from the thigh segment to the abdominal band. The joint (*d*) is a stop-joint preventing the instrument from being hyper-extended, and the bands (*f* and *g*) are firmly buckled about the thigh and leg just above and below the knee-joint. The posterior one-half of these bands is composed of steel. By means, then, of the stop-joint (*d*) and the half collars (*f* and *g*), the elastic straps utilized in exerting traction are prevented from throwing the instrument out of the mid-plane of the thigh and leg.

The merits claimed for this splint are :

1. The satisfactory manner in which it meets the therapeutical indications for treatment.

2. The simplicity of its mechanism.
3. Its easy method of application.
4. Ready manageability.
5. Comparative inexpensiveness.

The excellent results obtained by the use of this form of apparatus in the treatment of a large number of cases at the clinic, and the satisfaction reported by several physicians who have used it, I offer as my reasons for bringing it before the notice of the profession.

105 Madison Ave.

HOSPITAL REPORTS.

NOTES FROM THE PRESBYTERIAN HOSPITAL OF PHILADELPHIA.*

SERVICE OF DR. W. G. PORTER.

Effusion Around the Knee.

This man, of good habits, with no history of disease, was kicked on the left knee by a mule, since which accident he has had various troubles with the knee; a year ago he was compelled to relinquish his duty for two weeks, with something like his present trouble. Five days before admission, while running, he fell, striking on the left knee. The next morning it was swollen and painful. There is effusion about the joint, but not into it. The patella is hard on the condyles, while the effusion bulges up around the patella. Fluctuation is very evident. The joint is painted with tincture of iodine and lead-water and laudanum applied. Twelve days later he is discharged cured.

Fracture of the Sixth Cervical Vertebra.

An Irishman of intemperate habits, when drunk, fell ten feet down a stairway and struck the back of his head, about the apex of the occipital bone. When admitted to the hospital (at 6:30 a. m.) he was still under the influence of liquor, and there was only a slight abrasion of the scalp, no other external evidence of injury. His pulse was 66, respirations 22 and quiet; the pupils were contracted, and feces passed involuntarily. There was retention of urine so that the catheter had to be used, and some vomiting. He complains of pain in the head and neck when he is moved. Motion and sensation in the lower extremities and in the body, as high up as the clavicle, are wanting. He can move both of his arms, but sensation is here impaired. He lies drowsy and stupid, with the penis semi-erect. The next day his morning temperature is 97½°, and in the evening it ascends to 101°. The succeeding day it is 100° in the morning and 101° in the evening, while the pulse is 72. He now complains of great thirst, but is otherwise comfortable; lies most of the time quiet and drowsy. The urine is drawn off four times to day. The abdomen is becoming tympanitic, so much so that ten grains of assafoetida is given in the evening. His diet is confined to milk and beef-tea, and he is given five drops of

* For these notes, taken from the case-book of the hospital, we are indebted to the courtesy of Dr. Greenwalt, the resident physician.

tincture of capsicum as often as he will take it. Motion and sensation is now entirely lost in the parts supplied by the ulnar nerve, while it is retained in those parts supplied by the median and radial nerves. He had one involuntary stool during the night. The next day there are no new developments, and his evening temperature is 100.3°. The following morning his temperature is 101°, pulse 76, and respirations 38. There is now less power of motion in the arms; the abdomen is very tumid, and he is given an enema of turpentine, which affords some relief; the rectal tube is introduced and a little gas escapes. During the day he has his milk as usual, and at 8:04 p. m. is found dead in bed, four minutes after taking nourishment without difficulty. From the beginning his breathing was solely diaphragmatic. At the autopsy, it was found that both laminae of the sixth cervical vertebra were fractured, the line of the fracture being downwards and inwards; the spinous process and one half of the posterior arch were separated from the body. The right transverse process of the sixth cervical vertebra was fractured at its base, as was also the left transverse process of the seventh. The posterior common ligament was ruptured, together with the inter-vertebral substance between the sixth and seventh vertebrae. The anterior common ligament was ruptured opposite the body of the seventh vertebra; the meninges were engorged with blood, while the cord and nerves were swollen and completely filled the vertebral canal.

Platypodia.

A tank-worker on the railroad first noticed a soreness about his feet coming on gradually; there was then swelling and signs of inflammation about the ankle, with pain on walking. His foot began to be everted, and the plantar arch was breaking down, while both ankles became enlarged, and the external malleoli became unduly prominent, while the internal malleoli could not be seen above the surrounding swelling. The tarsus was loose and joint crepitus could be readily elicited. When walking, the weight of the body was thrown on the outer side of the foot. He was put to bed, and massage and electricity were used. Six days later it is noted that there is less pain. One week later it appears that the right foot does not respond to the electricity as well as the left, but the feet are gradually assuming their normal shape. Four days later we find the muscles on the inner side of the leg stronger, and they respond readily to the faradic current. The next day a wad of oakum is placed beneath the arch of the foot, and he is allowed to get out of bed: the arch is greatly restored when he does not rest his weight on it. Sometime later he is discharged somewhat better.

Paralysis of the Abdominal Muscles.

This man, who is a moderate drinker, had syphilis ten years ago. He was struck with a club on the right side of the abdomen six hours before admission. When standing, it is seen that his body inclines to the right, while his hips remain in their normal position. The abdomen on the right side seems to be distended. When he is placed upright and support is removed he immediately inclines to the right. There is no pain save at a small point in the back, and no wound or contu-

sion. Sensibility is good all over the abdomen. The bowels are regular and urination normal. Pulse 120, temperature 101°. He was discharged cured by electricity and massage after three days.

Gumma of the Scalp.

This temperate man of fifty has a history of syphilis. Three weeks before his admission he had a boil on the top of his head, which was opened. Three days later there was an erysipelatous swelling, the scalp was boggy, and the connective-tissue about the face was infiltrated. His temperature was normal. He was given the tincture of the chloride of iron, twenty drops every three hours, and lead water and laudanum was applied to the scalp. The eyelids were brushed down with carrou oil. An abscess having the appearance of a gumma now forms on the scalp. He is given iodide of potash, twenty grains thrice daily. A viscid, colorless fluid is discharging from the abscess, and two weeks later the bone is denuded. An incision is made, and the wound packed with lint. One week later dead bone is removed from the cranium, the wound heals, and he is discharged cured.

Partial Paralysis of Right Arm.

A moderate drinker, aged twenty-eight; eight years ago dislocated his hip, which was never reduced. He has had small-pox, typhoid and intermittent fever, and acute and sub-acute rheumatism. Two weeks before admission, he was thrown off a cart, which passed over his neck and arm. He was unconscious for an hour, and when he recovered, could not use his fingers, though he had power in his arm; this defect was most marked in the right hand. Sensation was greatly impaired, most markedly so on the ulnar side. The lower limbs were all right. The muscles of the back of the neck were rigid, more especially so on the left side, and there was a swelling on the left side about the site of the second cervical vertebra. The pupils were unevenly dilated, the left being the larger; he is constipated and urinates frequently. He was rubbed with soap liniment over the injured surfaces, and discharged, cured, after two weeks.

Contraction of the Flexors of the Leg.

Six years ago, in this boy, aged ten, there was some swelling and some stiffness in the right knee. It got gradually worse, and after six months, the other knee became similarly affected. The knees gradually became flexed until they became stiff and fixed at right angles. One year ago he had a great stiffness of the neck, with pain in the head, neck, and arms, which subsequently disappeared. Massage was tried at first, but did not do much good. One month after admission, extension (weight of five pounds) was placed on each leg and continued all day for five days. This produced a marked improvement, but was too painful to be continued, so that the weight was reduced to two pounds. This extension was then given up, for a plaster dressing, which was kept on for a month without any improvement, when forcible extension was again resorted to. The left leg can now be flexed until the heel touches the nates, and the right also, but with greater difficulty. The left leg can be extended to an angle of 160°, and the right to 140°. Forcible extension is now applied each morning. Later, he is put to

bed and a weight of one pound is attached to each limb, which is soon increased to three pounds, while the foot of the bed is elevated six inches so as to make counter-extension. After a while the weight is increased to four pounds and is kept on nearly all day, being removed at night. There is now marked improvement, and the weight goes up to five pounds on each leg; then to seven pounds, and he is allowed up and out in the air for a while each day. He gets a headache and some fever (temperature in the evening $102\frac{3}{4}^{\circ}$) which is readily controlled by twelve grains of quinine.

We are passing through March now, and the little fellow gets pneumonia of the lower lobe of the right lung. He is given a jacket poultice, two drachms of whisky in five ounces of milk every two hours, beef-tea thrice daily, and carbonate of ammonia (five grains); mist. pot. citrat. (℥. ʒss.) and quinine (two grains) every four hours. After the pneumonia is conquered, the weight is increased to eight pounds, and sand-bags are placed on the knees. Three weeks later, it is noted that his evening temperature is still abnormally high, going up to $99\frac{1}{4}^{\circ}$; there is dullness over the two lower lobes of the right lung, posteriorly, and there are mucous râles. The chest is painted with tincture of iodine, and he is given iodide of potash, three grains thrice daily, increasing it one grain daily. Under this treatment the lung clears up. He is now etherized and forcible extension of the legs made, which is followed by a straight posterior splint on the left and a Stromeyer splint on the right leg. Massage is daily resorted to. He now walks on crutches; can stand alone, and take one or two steps forward without aid. His recovery is perfect, and about eleven months after admission he is discharged with both legs straight and useful.

Epithelioma of Lip.

This farmer (aged 50) was always unusually healthy. His mother died of cancer, and his uncle, on his mother's side, had a cancer removed from the lower lip, and it has not returned. Fourteen months ago he was cut by a barber on the lower lip on the left side, near the angle of the mouth, ever since which time he remembers that there has been a purple spot there; afterwards he burnt this spot with a cigar. This small lump began to grow; for the first year it grew very slowly, was not very painful, and did not ulcerate; but for the last two months it has grown very rapidly, has become ulcerated, but has not been very painful; it *stings* a little. It covers the lower lip from the median line to an inch beyond the angle of the mouth, down to the symphysis and back to an inch beyond the corner, along the ramus of the inferior maxilla. It is ovoid in shape, like a large hen's egg, and projects one and a half inches above the surrounding surface. The external surface is nodular, bleeds, and is very foul. It has no connection with the bone. It is removed by a triangular incision, the flaps being dissected far enough down to form a lip, and the edges are brought together with hare-lip pins. There is a great deal of hemorrhage in the operation, which is controlled by the pins. Discharged cured.

Rupture of the Spleen.

This man was brought into the hospital at two o'clock in the morning, having been caught between the bumpers when coupling cars. He is rational, but suffering very greatly. There is no external wound, save a slight cut on the back of the head. No contusion of the abdomen and no ribs broken. His pulse is 80, and weak; respiration normal. Morphia was administered to relieve the pain, and a poultice was applied to the abdomen. At 10:15 his pulse is 160, and his respirations are 40; he is in a condition of most profound collapse, but his mind is clear. Temperature is 101° . He dies at 11:45 a. m. The autopsy (seven hours later) shows the abdomen distended, the pleural cavity full of blood; no laceration of the lung tissue, though both of them are congested. Peritoneal cavity full of blood. On the convex surface of the spleen there was a transverse rupture, through the capsule and well into the substance of the gland; the concave surface is disintegrated and covered with blood-clots. The upper third of the spleen is torn completely off, and found lying loose in the abdomen, with large clots all about it.

Fracture of the Olecranon.

This man fell on a railroad track, striking hard on the elbow. The olecranon process of the right ulnar is fractured transversely, but there is very slight separation from the bone. When the arm is extended and the fragment pressed down, crepitus is easily elicited. The arm is extended on a straight splint, adhesive plaster being used to keep the fragment in position. Three weeks later passive motion is commenced, and seventeen days thereafter it is noted that there is good union—if not bony, certainly very firm fibrous union. He is discharged with very good motion.

Necrosis of Sternum and Ribs.

Three years ago a swelling commenced across the chest under the clavicles in this man, aged 53, and in a few months it began to discharge pus, and so continued for a year. It then healed up, and remained so for nearly a year, when the discharge began again. The bone was scraped at another hospital. He denies all history of specific infection. There are three or four sinuses which open externally opposite the upper part of the sternum and the second ribs, and through which can be detected with a probe the denuded periosteum. He is ordered,

R. Hydrarg. chlor. corros.,	gr. j.
Pot. iod.,	ʒvj.
Syr. sarsap.,	
Aque.	āā f. ʒjss. M.
S.—℥ ʒj. thrice daily.	

The sinuses are syringed out with carbolyzed water (1-30), and dressed with iodoform ointment. After four months of such treatment he is discharged slightly improved.

Lacerated Wound of Scrotum, with Retraction of the Testicle.

This little boy, aged eight years, fell astride of a pump handle, tearing open the right side of the scrotum; the tear made two flaps, one turning outwards, the other inwards. The right testicle could nowhere be felt, though the finger could be passed up to the external ring. The wound

was closed with silver wire sutures, lead water and laudanum dressings used, and the boy was soon discharged cured. The testicle could be felt, from the outside, in the inguinal canal.

Compound, Complicated, Comminuted Fracture of the Humerus.

He fell under the wheels of a locomotive cab, and they passed over this man's right arm. There is very little shock. The bone is shattered in the upper third, and the soft tissues are lacerated in many places. Half a dozen pieces of splintered bone, some of them as large as a walnut, could be taken away. The fracture is about in the middle of the upper third, and the laceration of the soft tissues, which encircles the arm, is so extensive that the arm is only held on by skin. The brachial artery is not injured. The arm was amputated (the brachial being first ligated) two inches below the articulating extremity, and upon examination of the fragment left, it was found to be split. There was considerable hemorrhage from the medullary cavity, which was controlled by pledgets of lint. A drainage tube was inserted, and modified Listerian dressing used. Carbolyzed lint (1-40 or 1-30, after washing with a 1-30 solution carbolic acid). His highest temperature was on the third day, when it reached $103\frac{1}{2}^{\circ}$, but was reduced by sponging with alcohol and water. He was given four grains of sulphate of quinine thrice daily, and twenty drops of the tincture of chloride of iron. At night he was given thirty grains of bromide of potassium, and in two months and a half was discharged cured.

Aneurism of the Subclavian.

This man is a moderate drinker, and he had syphilis four years before his admission. Nine months before, he commenced to experience pains in his arms, but was otherwise well; there was considerable numbness, with aching in the arms. About four months later he first noticed a tumor or swelling above the clavicle, which soon attained the size of an orange. The right arm is colder than the left, and is bluish, especially if held dependent. The only pain complained of is a slight one in the shoulder. He was ordered rest in the horizontal position, and a milk diet. He was also given twenty grains of iodide of potash four times daily, and eight ounces of shot was placed over the tumor. Twelve months later, it is noted that he is very weak, his tongue is coated, and he complains of pain in the stomach and right shoulder. He is given one-quarter of a grain of calomel every two hours during the day, followed by citrate of magnesia. The tissues over the latissimus dorsi are swollen and infiltrated. The iodide is stopped, and he is allowed a more liberal diet: beer, chicken soup, and milk punch, and he is kept quiet in bed. The swelling grows red and he dies suddenly, having been bright and talkative a few minutes before.

Angelo-Leucitis of Right Leg.

This patient was admitted to the hospital with great pain in the groin, extending down to the foot. There is a blister on the little toe, and from this point bright red lines extend across the foot and up the inside of the leg. These lines are tender and painful, while the glands in the groin are swollen and tender. The entire limb is bathed in lead water and laudanum, and in four days the patient is discharged cured.

Swollen Testicle.

One year ago this man was kicked in the groin, and four weeks later his left testicle became painful and commenced to swell, attaining the size of an egg in the course of three months. Five weeks ago he received a fresh injury, when the testicle again began to swell and was painful, becoming as large as an orange. There is fluctuation, but the skin of the scrotum is not red. Under the use of equal parts of mercurial ointment and belladonna, the swelling diminished to below its original size before it began to swell the second time.

Fracture of the Clavicle.

This boy fell six feet from a fence and fractured his clavicle at about the junction of the middle and outer thirds. The arm was placed in position and bandaged, and he was discharged three weeks later with some very slight overlapping.

Contusion of Arm.

While coupling cars, this man's arm was caught between the bumpers. He was brought to the hospital at once, with a greatly swollen and painful arm, but no fractures. An apparatus was arranged by which cold water was constantly dripping on the arm, and he was discharged cured, without the supervision of any complications, eleven days after admission.

SERVICE OF DR. DE FOREST WILLARD.

Fracture of the Base of the Skull.

This man (aged 40), who is of intemperate habits, fell, while drunk, from a hay-loft, fifteen feet, striking head-first on cobble-stones. When brought to the hospital, he was suffering from the combined effects of liquor and shock to such an extent that it was impossible to determine how much of his condition was due to the accident. He was bleeding from the nose and the left ear, and there was an extensive sub-conjunctival ecchymosis of the right eye. His pulse was slow and regular, respiration normal, and there was apparently no paralysis. The pupils were sensitive to light, and he had perfect control of his sphincters. There was a cut three-quarters of an inch long in the right temporal muscle, two inches above the ear, and it extended down to the bone, but it did not seem to be fractured. There was also another cut, in a line with and one inch in front of the external auditory meatus, but this cut does not go to the bone. He has pain in the left forearm, but there is no fracture. As soon as the effects of the liquor wear off, he becomes delirious, and continues in a state of low muttering delirium for a week. The diagnosis is made of a fracture at the base of the skull. On the fourth day the temperature began to rise, reaching $103\frac{1}{2}^{\circ}$, and for seven or eight days it continued high, after which it gradually fell; the pulse was never over 108, and the respirations were always normal. The scalp-wounds were laid freely open, and counter-openings were made to give exit to a little burrowing pus. In ten days all brain symptoms are gone, and the scalp wounds are healed. An enormous abscess now develops on the right forearm, extending from the hand two-thirds up the forearm. It was opened in sev-

eral places and great quantities of pus evacuated. The scalp-wounds are opened again (they re-suppurated) and dressed with carbolized water, and poultices are put on the arm. The radio-ulnar ligament becomes somewhat disintegrated, so that there is free joint crepitus and almost dislocation on pressure. He is given tincture of aconite and tincture of belladonna, of each one drop, and sulphate of morphia one-thirty second of a grain every three hours. Besides this, he receives iron, quinine, and whisky, with ice-bags to the head. Three months later a piece of one of the carpal bones, that has become disintegrated, is removed, and one month later he is discharged cured.

Compound Fracture of the Astragalus, with Luxation of the Astragalo-scaphoid and Astragalo-calcaneus Articulations.

This young man (aged 24) fell twenty feet from a roof, striking on his feet on a loose brick. He did not lose consciousness, there was very little hemorrhage and no shock. The external wound was on the inner side, just in front of the malleolus, and was three inches long. The joint was opened, and the end of the tibia projected through the wound. The astragalus was dislocated from the os calcis and the scaphoid, and projected through the wound. The astragalus was removed, as well as the fragments of the other bones; a counter-opening was made on the other side of the foot, and a drainage-tube inserted. The posterior tibial artery was slightly injured, but was not torn across. The limb was dressed with boro-glyceride, and put in a plaster case. The next morning this case was removed, re-applied, and left on for a week. About this time profuse secondary hemorrhage occurred, which was controlled by pressure. On the third day the temperature went up to 103½°, pulse 88, and respirations 27; the temperature never went any higher, but it varied a great deal, always being two degrees higher in the evening than in the morning. Four days later there was another hemorrhage, which was controlled by pressure; and still another one week later, when the posterior tibial artery was tied in the wound. He now improves slowly, the pus assuming a more laudable character. The wound is syringed with boro-glyceride, and later on packed with dry oakum. He is given iron, quinine, whisky, and morphia for the pain. Three weeks later there is slight necrosis of articulating surfaces. Two weeks later pus burrows some up the leg, and it is put in a plaster splint. Six days later he sits up in a chair, and four weeks later he is discharged with the wound practically closed.

Spontaneous Dry Gangrene of Toe.

This man (aged 42), who is a moderate drinker, commenced to experience pain in the left side of the left foot, and his little toe became black. The pain grew worse, and the nail was removed. Sharp, lancinating pain then spread over the ankle. The gangrenous portion of the toe was removed, and a laudanum poultice applied. Later the end of the bone became exposed, and the toe was removed at the metatarso-phalangeal articulation. The glands in the groin now became enlarged. Mercurial ointment was used, and after six weeks he was discharged cured.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Meeting of September 28, 1885, the President, Daniel Lewis, M. D., in the chair.

The gentlemen filling the offices of President, Vice-President, Secretary, Assistant Secretary, and Treasurer, were renominated.

Gonorrhœa in Women.

Dr. A. F. Currier read a paper on this subject, and referred to an article published in the *New York Medical Journal*, January 10 and 24, 1885, for a fuller exposition of his views. In the paper he expressed the opinion that gonorrhœa in women was more common than the profession supposed, and for this reason he desired to call special attention to it. Regarding the etiology, he reviewed the recent investigations, especially by the Germans, going to establish the gonococcus as the cause of the inflammation. He then named the agents which Oppenheimer had found most destructive of the gonococcus, and also the effects obtained by himself in treatment with different agents. Oppenheimer had found solution of corrosive sublimate one of the best germicides in this disease; but treatment with it had not been so satisfactory in the hands of Dr. Currier as with the use of glycerin and subnitrate of bismuth. Particular care should be taken to reach all parts affected by the disease and which were liable to be overlooked. He thought the urethra was less frequently implicated than was generally supposed. He believed a permanent cure could be effected, for dead germs would not reproduce themselves. But so far as he knew, reinfection was always possible. Regarding diagnosis based on discovery of the gonococcus, it would, perhaps, not be practical in general practice, but would be of important aid in reaching correct conclusions in cases at law.

The paper was discussed by Drs. H. T. Hanks, H. J. Garrigues, H. J. Boldt, Messenger, Lyttle, and the author. In general, the speaker thought various agents would prove efficacious in the treatment of the disease, particularly solutions for the ballooning of the vagina, as corrosive sublimate, etc., and cotton-pads containing glycerin, with some medicament. Some thought the glycerin itself was probably the active agent when it was used as a vehicle for another remedy.

The Treatment of Leprosy.

Dr. G. H. Fox read a paper with this title, in which he spoke against the custom of leading the leper to suppose his condition to be surely fatal, and of further depressing his mental state by exclusion from respectable society or by strict confinement. Mental influence had much to do with the cure or prevention of cure of disease. He then related the case of a missionary to the Sandwich Islands who contracted leprosy, and whose symptoms almost completely disappeared under hope of cure and the use of chaulmugra oil.

The gentlemen who took part in the discussion, Drs. Fuller, A. J. Moore, J. C. Peters, and H. G. Piffard, generally expressed the belief that where large numbers of lepers were found the disease

had proved incurable, notwithstanding they had many liberties and a comfortable asylum. But intervals of improvement often took place. Dr. Piffard had found benefit in all cases treated by him by the administration of *nux vomica* and *chaulmogra* oil, alternated.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting, October 1, 1885, the president, A. Jacobi, M. D., in the chair.

The president read an address in which he pointed out the work to be performed by the Committee on the Collective Investigation of Disease, appointed by the International Medical Congress at Copenhagen, and requested the assistance of the profession in this country. The tendency shown by some physicians to seek notoriety in the public print was condemned. The explanatory clause concerning the code of ethics of the American Medical Association, framed at the New Orleans meeting, was compared with the article relating to consultations in the New York State Society code; the difference between the two he thought not to be great.

Obscure Cases of Weak Heart.

Dr. R. Van Santvoord read a paper in which he reported four obscure cases of weak heart, and gave conclusions. In none of the cases were there distinct signs of valvular lesion, nor of grave chronic renal trouble; in one there was enlargement of the heart. In one the diagnosis was made of weak heart following a severe attack of pneumonia, which occurred two years prior to Dr. Van Santvoord's visit. In another, the patient was addicted to alcohol in excess, and took but one meal a day. In another case the weak heart and dyspnea followed an attack of measles. In three of the cases there was reduplication of either

the first or second heart sounds. The author regarded the simplest explanation of the many which had been offered for this phenomenon to be, that reduplication of the first sound was due to a synchronism in the contraction of the ventricles, and of the second sound to asynchronism in the closure of the aortic and pulmonary semi-lunar valves. The presence of reduplication of either the first or second sound occurred sufficiently often in grave cardiac lesions to demand a careful study of the case. Reduplication of the second sound might be due either to derangement of the nerve apparatus, or lesions of the muscular fibres of the heart, which causes contraction of one ventricle to be a little shorter than that of the other, or to disturbances of the relative amount of resistance to be overcome by the respective ventricles. As to weakness of the first sound, it was obvious from a study of the sphygmographic tracings in these cases that the peripheral resistance to the circulation had as much influence as had the power of the ventricular contractions. Also, in studying the significance of a strong or weak second sound, we should take into consideration both the arterial tension and the form of ventricular contraction.

As to the treatment, in some of the cases reported caffeine was of benefit, after digitalis had been used without effect. Perhaps this contrasted effect was due to the slighter influence of caffeine upon the vaso-motor apparatus. The greater safety and more rapid action of caffeine would render it preferable to digitalis in heart failure from acute diseases or primary degenerative process of the cardiac muscle. The soluble and stable combinations of caffeine with salicylate or benzoate of sodium he preferred to the insoluble and unstable citrate.

The paper was discussed by Drs. J. C. Peters, L. Weber, E. D. Hudson, J. P. Garrish, A. H. Smith, Fruitnight, and by the author.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Surgery and Pathology of Tenesmus of the Rectum.

Dr. J. Headly Neale thus writes in the *Lancet*, January 10, 1885:

A short time ago, attention was called in a contemporary journal to the treatment of the spasmodic contraction of the sphincter ani by digital dilatation, a *modus operandi* concerning which most of our standard surgical text-books afford but scanty information. Maisonneuve was probably the first to bring it into notice; and Holmes, in the last edition of his "System of Surgery," speaking of an "operation that has lately been recommended in France," condemns it as "un-surgical," at the same time admitting the evi-

dence of its success. So far back as 1877, we find Erichsen, after recommending the trial of belladonna by suppository, which at best could only relieve symptoms without removing the cause for this distressing complaint, writing thus: "Should these means fail, the patient must be anesthetized, and the sphincter forcibly dilated with the surgeon's fingers." As "nothing succeeds like success," the following particulars of a case I was asked to examine with a view to operative interference may be of interest.

Mrs. F—, wife of a well-to-do farmer, aged fifty-nine, nulliparous, stout, florid, and of a sanguine and neurotic temperament; menopause came on in the forty-ninth year. About eighteen years ago, a tumor, supposed to be ovarian, appeared in the right iliac region, freely movable, and about the size of a fetal head. It subse-

quently disappeared, and no trace of it now remains. The family history is good. Beyond a dyspeptic tendency, the occasional occurrence of piles, and of slight attacks of bronchitis in the winter months, the patient has always enjoyed good health, until about fifteen months before the date on which I saw her; when the bowels began to act irregularly, defecation becoming both difficult and painful. The abdomen was greatly distended with flatus, which, however, was scarcely ever passed per anum. There was a continual desire to go to stool, sometimes recurring a dozen times a day; the attempt frequently proving abortive. The motions when passed were of a "flattened, tape-like character;" small doses of aperient medicine were constantly required, and the pain and difficulty in defecation increased. The patient's distress from distension, and what she termed a "growing up of the bowel," was so great that she consulted her medical adviser, who resorted to daily digital dilatation, and ordered warm water enemata to be frequently administered. This course of treatment in a measure relieved the condition; but, as the patient began to look forward to the daily manipulation with much dread, a more detailed examination under anesthesia was recommended; and for this purpose I attended in consultation with her regular medical attendant. I first made a digital examination per vaginam, and found the os uteri normal and of the usual nulliparous character. A most unaccountable fold of mucous membrane high up in the vagina apparently divided that cavity into two compartments, and offered distinct resistance to the exploring finger. Passage of the sound showed the uterine cavity to be normal both in size and axis, thus negating the existence of a uterine origin for the disease. The patient was then anesthetized, and a most careful examination of the rectum both digitally and by the speculum was made, but not the slightest trace of either ulcer or fissure could be found. Around the anal orifice, however, and for some distance above were visible numerous polypoidal extrusions of old and absorbed piles.

Anesthesia being complete, two, three, then four fingers, and afterwards the whole hand as far as the knuckles, were introduced into the bowel. There was free, but at no time alarming, hemorrhage. Soon after returning to consciousness, the patient passed a perfectly natural motion, the result of an aperient injudiciously taken the night before. A warm water enema was then administered and a quarter of a grain of morphia suppository passed into the rectum. Twenty-four hours after the operation the temperature rose to 101°, the bowel was then irrigated with a solution of hyposulphite of soda (a drachm to the ounce) and another suppository administered. The temperature speedily fell to, and afterwards remained at, the normal standard, the patient making an uninterrupted recovery.

The points of interest in this particular case were: (a) the presence and subsequent disappearance of an abdominal tumor in a highly neurotic female, suggesting the query, Was it of phantom origin, or was it a myoma undergoing spontaneous involution at the climacteric period? (b) the absence of any fissure or ulcer, or (c), of any uterine mischief to account for the painful

symptoms; and (d) the presence of the sites of old and absorbed piles. Among the pleasing results of the treatment may be noted the complete cessation of these symptoms; the patient's intense satisfaction at once more being able to pass natural motions without pain; and, lastly, her uninterrupted recovery from the operation.

As regards the pathology of spasmodic contraction of the rectum and sphincter ani, where an ulcer or fissure exists the cause is not far to seek. The peripheral end-organs of a highly sensitive and complex nervous mechanism are exposed by a raw surface to the stimulus (whether mechanical or chemical) of the intestinal contents passing over them, and an inordinate contraction of both voluntary and involuntary muscular fibres is the result: but where no such evident cause exists, and nothing is to be observed save the "reliquie" of old and absorbed piles, we have to resort to a hypothesis for an explanation of the condition. The following appears to me to be a feasible one. On the occurrence of a pile, with its extravasation of blood, there is considerable distension of the submucous tissue; and just as inordinate distension of subcutaneous tissue by deposition of fat is followed on the disappearance of the latter by cicatrization and the formation of "lineæ albicantes" (a condition I have frequently observed in nulliparae of an anæmic or chlorotic tendency), in like manner may not the absorption of the clot in a pile be followed by submucous cicatrization, involving the aforesaid peripheral nerve-endings, and inducing a condition of hyperæsthesia, on the application of a stimulus, such as the presence of feces in the rectum? We should thus have an explanation of the "flattened tape-like" feces; for, with the desire to pass a motion, volition is called into play for the inhibition of the sphincter; this is modified by the inordinate reflex contractions, and the balance of power in the combat results in a narrowing of the orifice, and consequent moulding of the fecal matter. By dilating the parts we resort to a process of nerve-stretching, releasing the peripheral nerve-endings from their constricting environments, thus rendering them less amenable to the action of a stimulus, and leaving the voluntary inhibition of the sphincter to assert its mastery.

Hysterical Ischuria.

Dr. William Frew thus writes in the *Glasgow Medical Journal* for September:

The subject of observation is a married woman, the wife of a coal miner. She is now 34 years of age, and has been married for 17 years. She is the mother of seven children, four of whom are alive. Her father died about middle life, dropsical (cause unknown). Her mother, who is completely blind on account of infantile cataract, is at present the inmate of an asylum. She had one brother who also died dropsical and blind (not from cataract, so that it was probably Bright's disease). She has two brothers alive and well. The patient herself enjoyed good health up to the time of her last confinement in the autumn of 1879. Her mother, who had resided with her till within a short period of the confinement referred to, had for some time been showing signs of mental aberration, which gave the patient a great deal

of anxiety. In some of her previous confinements she had had rather troublesome post-partum hemorrhage, but the confinement referred to passed off naturally, and she appeared to make a good recovery. About three months afterwards I was asked to see her on account of leucorrhœa, and on examination discovered an endocervicitis and endometritis. The uterus was enlarged, tender to the touch, and there was some degree of prolapsus. This condition of matters proving very refractory to the usual remedies, local and general, I sent the patient to Glasgow to see Prof. Wallace. She remained under his care for a short time and returned somewhat better. This improvement, however, proved only temporary, and although by careful attention she could be kept in a somewhat better condition, the tendency was for the disease to become as bad as at first whenever treatment was relaxed. With the return of menstruation, too, menorrhagia set in, occasionally to an alarming extent, and the necessary abstinence from local treatment at these periods (which recurred frequently and were very prolonged) tended to aggravate the disease. The patient was gradually getting into a nervous and desponding state about her condition, in fact, becoming somewhat hysterical. There was also present tympanitic distension of the abdomen, with irregularity of the bowels and ovarian hyperæsthesia. She could hardly be persuaded that the abdominal distension was not a dropsical condition, and was evidently alarmed about it. She solicited to be sent to the Edinburgh Royal Infirmary, where I obtained admission for her to Professor Simpson's ward. She remained under his care for several weeks, but returned very little improved, and was soon as bad as ever. Further symptoms also developed. Hysteroid epileptic attacks occurred generally at the menstrual periods, but sometimes when laboring only under mental excitement. These were preceded by intense cephalalgia, insomnia, and high arterial tension. She complained also of dimness of vision, and latterly, on a particular day, about two and a half years ago, of having passed no urine for two days and of inability to do so. On examination of the abdomen, it was apparent that there was no great distension of the bladder, and being very loth to begin the use of the catheter with such a patient, I encouraged her to try and void it naturally. Next day, however, she complained so much of the pain that I was obliged to use the catheter, and, to my surprise drew off not more than six or eight ounces of very dark-colored urine. (For some time, however, I had been gradually becoming suspicious that she had fallen a victim to what Charcot says is a common failing in such cases, viz., indulgence in alcohol, asserting that it was the only thing which at times induced sleep. I have no doubt but that this had exercised a very injurious influence on the uterine condition, and also accounted to some extent for the non-success of treatment). Since this period (2½ years ago) ischuria, with the retention of urine, has been an almost constant condition with her, and associated with this are frequent attacks of diarrhœa and vomiting. I have never been able to detect any urinous odor in the matters vomited, nor has she ever had vomiting of large quantities of fluid such as Charcot describes. The diarrhœa, when present, how-

ever, is of a very liquid character, and is undoubtedly of a vicarious nature. For some time, I was considerably alarmed about the suppression of urine, and thought that some very untoward event must happen as a consequence. I tried all the commoner forms of diuretic remedies with little or no benefit. The only medicine which I thought really exerted some slight beneficial effect was a 1 per cent. solution of nitro-glycerine, given at first in 1 or 2 min. doses, and latterly 5 min. doses, 3 or 4 times a day. Nitrate of sodium was equally beneficial. These were indicated by the presence of very high arterial tension. As time passed, and the condition of the patient did not seem to get any worse, I began to look about for some explanation of this very peculiar state of matters, and almost by chance came upon Charcot's lecture referred to, and which, I need hardly say, relieved my mind greatly. At the present time she is in better health than she was twelve or eighteen months ago, being able to move about a little and attend to some of her household duties, while at that time she was almost constantly confined to bed, and was having hysteroid epileptic attacks very frequently. I have examined the urine again and again, expecting to find some evidence of kidney disease, but up till lately no trace of such could be detected. It is usually, but not always, of a rather high specific gravity and of a dark color, and in one specimen recently obtained I found a slight trace of albumen, but no tube casts. I believe the albumen on that occasion was the result of a period of over-indulgence in alcohol, as it has since entirely disappeared.

Ox-gall in the Treatment of Typhoid Fever.

Dr. George G. Van Schaick thus writes in the *Quarterly Bulletin of the New York Post-Graduate School* for August:

I have for some time past experimented upon the use of ox-gall in typhoid fever, with what I believe to be very promising results, and although the cases I have treated by its use are but three in number, the very pleasing effects I have observed after the employment of this substance, lead me to wish for a further trial, and in other hands.

The idea of using ox-gall in typhoid came from a close study of the symptoms and of their causation, and I am well satisfied that we have at hand a remedy calculated to let the disease run its course in a mild form, and to remove the chief symptoms which go so far towards making the disease the dangerous and severe one we have hitherto observed.

I do not believe that any drug we can give, in any way, in typhoid, is able to modify, to any great extent, the inflammatory processes at work upon the agminated and solitary glands of the intestines, and therefore the treatment upon the whole has been symptomatic, and has aimed at reducing the temperature, at diminishing the rapidity, and increasing the force of the cardiac action; at improving the mental disturbance, and at reducing the amount of tympanites.

The primary cause of these symptoms, I think, is due to the parenchymatous metamorphosis induced chiefly in the liver. Of course such change is known to occur also in the myo-cardium, the

kidneys, and the gastric glands; but I think that the hepatic trouble gives rise to a majority of the disturbances. This change evidently causes a very serious diminution in the hepatic secretion; hence a very imperfect digestion and an absence of the great disinfectant of the intestinal canal. For this reason we get the decomposition giving rise to the tympanites; we get the absorption of its products, giving rise to a poisoning followed by high temperature and mental disturbance.

I do not by any means, therefore, think I am guilty of exaggeration when I say that the chief accessory lesion in typhoid fever is the hepatic derangement, and I think that if we can eliminate this and its results, we will very much diminish the severity of the disease by confining it chiefly to the intestines. These ideas, if correct, would of course lead one to suppose that if so much trouble is due to the absence of a sufficiency of bile, we should replace it as well as possible, and I have therefore employed the best substitute I could find, namely, pure ox-gall. Of course, it is at once objected, that it is impossible to give a patient an amount of bile corresponding with the quantity of its daily secretion; we must, however, bear in mind that the quantity required is very much less than in health, the patient being only fed upon milk and fluid diet, which probably require but a small amount of biliary fluid. Moreover, there is a certain amount of bile secreted during the disease, and a fairly small quantity added to this may make up the desired amount. The drug certainly has this effect to a marked extent in other diseases, and I must say that my attention to its use in typhoid fever was called chiefly after observing the excellent results obtained by Professor Porter, in his clinics, in all cases where it seemed that there was some temporary hepatic trouble, giving a lessened bile-production, and consequent disturbances much less in degree, but somewhat similar in kind to those observed in the digestive derangements of typhoid fever.

He uses pure ox-bile from the slaughter-house, in doses of from 15 minims to 3j. in gelatine capsule, frequently repeated. He concludes by saying:

I think that I have reason to be fully satisfied as to the use of my remedy in these cases, and am anxious to give it further trial. Of course, it can be combined with the other methods of treatment, and I shall endeavor to try it further in respect to proper doses, to the best time for administration, and so on. I have not used any of the pharmaceutical preparations of the substance, as the "*Fel Bovinus exsiccatus*," but intend doing so, though I hardly expect as good results from its use. In giving the bile, it should be exhibited in divided doses fairly frequently; patients seldom find any objection to its use. In my second case, when I gave large doses, the patient complained a little of some eructations; but, on the whole, this was of no importance.

Of course, I do not expect this mode of treatment to be always successful; I do not even think it may make any very decided difference in the mortality, though I believe it will make some. I, indeed, remember full well the unfortunate proclivities of new remedies, in being far more successful

at the hands of their originators than at those of others; but at the same time I think a good deal of good can be done with it. I believe that the temperature can be kept lower, that the heart's action will be more even and forcible, and that many symptoms will be improved materially. I do not doubt that some cases may be found that will not support the drug, and in a few it may prove a failure, but I think its use may do some good in many cases.

An Interesting Case for Diagnosis.

Dr. Herbert J. Capon thus writes in the *Lancet*, August 22, 1885:

On February 5, 1884, I was called to see E. F., aged fifty-three, a widow, the confidential servant of a family in whose employ she had been for over eighteen years. She gave the following history: Had never been ill before to the extent of requiring medical treatment, but for the past few weeks had had an increased pressure of work, chiefly in superintending and assisting in getting her mistress's town house prepared for an expected accouchement, which had taken place a few days before my visit. On the day above mentioned, however, she had hurried a little extra with her work, which necessitated her going several times to the top of the house (a high one), and had then walked rapidly to the Great Western Railway Station to meet a train. On arriving on the platform she was suddenly seized with a severe pain in the epigastrium, which "doubled her up" and caused her to feel faint and sick. She did not vomit, but was so ill as to require removal home in a cab. The pain increased and extended to her left scapular and clavicular regions. Too ill to walk, she was carried upstairs and put to bed. Her bowels had acted twice in the morning, normally. Her breakfast had been taken in the usual way, and consisted of two slices of bread and butter and a cup of tea. She was of spare build, active in mind and body, cheerful, and, as I have said before, had had no necessity for medical consultation. I found her lying on her back, with her knees drawn up, face anxious, pinched, and pale, with a cold, clammy skin. Pulse 108, small and regular; respiration 24; temperature 97.0°. Tongue clean; perfectly conscious; pupils equal, normal. Complained of much pain in the epigastrium, which was very sensitive to slight, but less so to deep pressure. A well-marked pulsation was visible in this region, and marked dullness extending towards left hypochondrium, covering a space as large as one's hand. Auscultation revealed a very distinct blowing bruit, systolic in time, heard most plainly immediately over the aorta, diminishing in intensity towards the left side; heard slightly opposite the tenth and eleventh dorsal vertebrae, totally distinct from the heart-sounds, which were normal, as was also the site of the apex impulse; lung-sounds normal. I placed her on ten minims of tincture of opium every three or four hours, and ordered linseed poultices with laudanum to the epigastrium.

February 6. Tongue coated with slimy fur. Thirsty. Temperature 100°; pulse 120, small. Bowels not open since yesterday. The abdominal bruit has disappeared. Great tenderness still ex-

ists over epigastrium and upper part of left chest. Has taken beef-tea and ice. On palpation the dull portion seems to contain fluid. On this occasion she was seen in consultation by Dr. George Johnson. We concluded she was suffering from an undiscovered abdominal aneurism, which had ruptured through a part of its coat and become diffused. The same line of treatment was persevered in. At 10 p. m. the pain was less. Pulse 132, more feeble; temperature 100; respiration 34, shallow. Still quite conscious. Evidently sinking.

The patient died at 8 a. m., on February 7.

An inspection of the abdomen was made on the 8th, when the following condition was disclosed: In the peritoneal cavity was found small portions of ill-masticated orange-peel (we afterwards ascertained she had sucked an orange and eaten some of the peel), with some flocculent particles and brown-colored fluid (doubtless nourishment taken during her illness). On opening the stomach a perforation at the base of an ulcer, as large as a florin, through which one could easily pass the little finger, was observed just below the cardiac orifice on the front surface of the organ, while immediately opposite was another ulcer about the same size, which, however, had no perforation. The intestines and other abdominal viscera were not removed, but were apparently normal. The aorta and vessels were natural.

The Treatment of Cholera.

Thirty years' experience in India, where there is always more or less cholera, and the passing through two terrible epidemics, certainly are warranted to entitle a man to speak with some considerable authority on the question of the treatment of cholera. Dr. R. Pringle thus gave his views to the last meeting of the British Medical Association:

After seeing the sad results of the alcoholic stimulant treatment, and of that by opium, I have come to the conclusion that the action of alcohol on the circulation in the brain interferes with the natural power of rallying from the stage of collapse, and that narcotics, if absorbed at all, only tend to deepen and to lengthen into the sleep of death the stage of collapse. Carbonate of ammonia in full and continuous doses, with sulphuric and nitric ether in camphor mixture, administered in the way alcoholic stimulants are given, combined with hot frictions and sinapisms, to restore, if possible, the capillary circulation, have proved, in my experience and practice, the most successful line of treatment, and one which cannot be charged with interfering with the natural efforts towards recovery; * for in India I have seen, on the roadsides leading to Juggernaut, numbers who have recovered, and have started to continue their journey, without either treatment or care of any kind whatever, after having been left by their companions as dead, or to die. Iced drinks, in my opinion, should never be given, for the body is cold enough from the specific action of the cholera-influence on the system; and when

thirst, a constant symptom, is complained of, water at the temperature of the air should be given; and, for the violent retching and ineffectual attempts to vomit, copious draughts of tepid water. All the patients who have recovered, when questioned, alluded gratefully to the quenching of the thirst, and it seems hard to suppose that this is not an indication of the natural line of treatment.

The measure of measures when the disease is present in a locality, is to allay the fear caused by the too generally accepted belief that cholera, like small-pox, is both infectious and contagious. Let this belief be once thoroughly shaken, and we shall then have the most powerful agent possible to aid in nursing the cases of the disease. The only possible source of danger to nurses or attendants arises from the risk of over-work, and consequent exhaustion, and the possibility of thus suffering from diarrhoea or dysentery; in which state of health they should neither nurse nor attend on cases of cholera, as I am convinced, from what I have seen and heard, that, if nurses or attendants be seized with the disease while carrying on their duties, it will be found in most cases to be due to this; and this circumstance should be judiciously communicated to all whose duties require them to attend on cases of cholera.

From all my experience, I am quite satisfied that cholera is neither contagious nor infectious, in the sense in which these terms are applied to diseases such as small-pox and other eruptive fevers generally.

Nursing is the sheet anchor, and should be persevered with in the stage of collapse, till death has, without doubt, claimed its victim. I saw a soldier who had been put into the stretcher with the pick-axe and spade to be buried when the column halted in its march from Saharanpur to Chuekrata in 1879, and who was sitting up when his companions came to bury him.

A Second Case of Pleural Effusion Containing Numerous Crystals of Cholesterine.

Dr. T. Churton thus writes in the *Brit. Med. Jour.*, August 29, 1885:

George J., aged thirty-one, a laborer, only five feet two inches in height, but of square and sturdy build, with deep chest and strong limbs, dark brown hair, grey eyes, of quick and active manner, was admitted into the Leeds Infirmary on May 7, 1885. He complained of some cough and expectoration, frequent chilliness, and slight debility. On examination by the resident medical officer, Dr. Griffith, the usual signs of pleural effusion were found on the left side, and thirty-four ounces of fluid were withdrawn by aspiration. This fluid was of a cream color, was faintly alkaline, specific gravity 1021; it had a greasy appearance in thin layers. It contained a comparatively small number of granular leucocytes, many of them apparently undergoing degeneration; and a very large number of sharply-defined crystals of cholesterine. He had already given the following history: Two years ago, he was in another hospital, with "consolidation of the lung," for eleven weeks. He was blistered under the left shoulder-blade. On leaving the hospital he went to work; but he had ever since been subject to

*CHOLERA STIMULANT MIXTURE.—Carbonate of ammonia, ten grains; sulphuric ether, twenty drops; nitric ether, thirty drops; camphor mixture, one ounce. Dose for an adult, half an ounce to one ounce; proportionate doses for children.

colds, accompanied by cough; and, though he did not admit that he had lost strength, yet he had not been quite so well during these two years. His present illness began three weeks ago, with slight shivering and chills. In two days, pain in the left side compelled him to leave his work; but he resumed in a day or two, and remained at work until his admission. In reply to further questions, he stated that, ever since his illness two years ago, he could not run up-hill, nor, indeed, at all, without getting very short of breath.

Upon this, I came to the conclusion that the source of the cholesterine crystals in this case was similar to that actually found in the case read by me at the Clinical Society three years ago; namely, that there existed at the lower part of the pleural sac a layer of cells, the product of a former inflammation, undergoing fatty degeneration. I was at first inclined to treat the case by making an incision and scraping the pleura with some blunt instrument of wood or horn, but, after one or two aspirations, the fluid became so much altered in appearance and quality as to make me hesitate to advise this, especially as the man's health remained exceedingly good. The second aspiration was done on May 28, fifty-seven ounces being drawn off; the third on July 11, thirty-two ounces of clear fluid, containing few crystals of cholesterine, being then withdrawn; the fourth on August 3, when nineteen ounces were obtained, and in this specimen it was not easy to find crystals. He has now left the town in search of work, which, he insists, he is quite able to do. Certainly no one would suppose from his appearance that there was anything the matter with him; he is, however, somewhat short of breath after any great exertion. During the first month of treatment, his temperature was slightly high, sometimes 100° at night, and 99° in the morning; but during his last stay in the infirmary—July 25 to August 5—it was normal or below, about 98° . But, in spite of this and other improvements in his condition, it is probable that in a few weeks he will be obliged to apply for admission into some other hospital.

Note on Hydro-Bromate of Hyoscine.

Dr. H. C. Wood thus writes in the *Therapeutic Gazette*, September 15, 1885:

Since my last communication to the *Gazette* I have used hyoscine in a number of cases with confirmatory results to those previously reached, and at the same time a more complete outlining of the limits of the usefulness of the drug. The dose by the mouth, which is necessary, is somewhat larger than I had at first supposed, most persons not being distinctly affected unless by $\frac{1}{10}$ of a grain. A new field of usefulness seems to be in cases of spermatorrhœa, and I have only had the opportunity of using it in three or four cases; but the results have been uniform, and much more correct and assured than those I have ever seen reached by any other drug. Thus, in one case in which the discharges averaged about three a week, they were completely arrested by the exhibition of $\frac{1}{2}$ of a grain every night. Unfortunately, the effect is not at all permanent: so soon as the drug is intermitted the tendency appears to recur. Whether long-continued use of

the drug will have a lasting effect or not I am unable at present to say. Indeed, the number of cases which I have myself seen is too few to warrant a positive conclusion; but at my suggestion, Dr. Robinson, physician to the Eastern Penitentiary, Philadelphia, has been testing the drug, on the convicts, the disease being exceedingly frequent among them. He informs me that its results have been surprisingly good, and promises a definite statement to the readers of the *Gazette* in the future. It is interesting here to remark that one of the most successful cases of the use of the drug was seen in a female suffering from erotomania symptoms.

As a soporific, the drug is especially successful in those cases in which the insomnia is due to excessive cerebral action—cases in which there is a perpetual and uncontrollable succession of thoughts. Allied to this form of insomnia is the mental condition in which the sleep is excessively disturbed by urgent dreams. This, also, I have seen controlled by hyoscine. In one or two cases of intense fever with delirium the hyoscine has seemed to act very well in controlling the delirium. In two cases the symptoms have been such as to suggest that the drug exerts a paralytic action upon the recurrent laryngeals. One of these cases was in the person of a maniacal female, in whom the hypodermic injection of a large dose of the salt was followed at once by a paroxysm of suffocation apparently paralytic and laryngeal. The second case occurred in a child about ten years old suffering from very violent anginous scarlet fever with moderate laryngeal dyspnoea. Hyoscine was prescribed for the excessive insomnia which had lasted from the onset of the fever, with very good results so far as the insomnia was concerned; but so soon as the child came under the influence of the drug the laryngeal symptoms increased with very great rapidity, and in the course of an hour or two death resulted. Whether the hyoscine was or was not the cause of this increased dyspnoea is, of course, uncertain; but two cases are assuredly enough to arouse suspicion.

On the Occasional Latency and Insidiousness of Grave Symptoms in Connection with the Puerperal State.

In the course of his address before the British Medical Association, Dr. W. O. Priestly said:

"1. Perhaps I may be permitted to dwell on the importance of securing a full and perfect contraction of the uterus after delivery, as a prophylactic measure. In many cases going wrong, it has been observed that the uterus was inordinately large, thus indicating a dilated cavity, in which clots or fluid, which ought to be discharged, are retained, and which may thus become the nidus for the possible development of diseased germs. Further, in an imperfectly contracted uterus, the sinuses or large veins remain full of clot, or of fluid blood, which is more or less apart from the general systemic circulation; and is thus, like the back-water of a stream, stagnant, and ready to become a source of peril. Clots should, therefore, always be carefully removed from the uterus, as they form for some time after delivery; and pressure with other means should be conjoined to promote full contraction.

"2. The occurrence of a rigor at any part of the puerperal period should never be disregarded. It is nearly always the forerunner of some less or greater commotion in the system, although the mischief it portends may not be observed until the suspicion excited by its advent has well nigh died out.

"3. The presence of rheumatic or obscure pains in the joints or muscles, even if they be flitting and transient, should be taken as indicating a possible contamination of the blood-current; and the case should be watched the more closely, if the patient be depressed in spirits, or if she be prone to be apparently hysterical. If, with these symptoms, there be no evidences of deviation in any special organ, the heart should especially be watched, with the view of ascertaining if there be indications of deposits in its valves. The sudden appearance of a bruit with the heart-sounds may be the precursor of embolism either in the pulmonary, or in the general systemic circulation. The temperature should also be carefully recorded, as it is probable that, in all cases of insidious puerperal disease, the thermometer will indicate some rise of temperature.

"4. It should be remembered that patients who are inert in temperament, and who lead inactive lives during pregnancy, are more prone to puerperal ailments than others of more active disposition, and thus require more careful supervision.

"5. The treatment of suspected cases should consist of putting the patient in the best possible hygienic conditions, and improving vitality by the administration of quinine and a good but judicious diet.

"6. As it is probable that all germs of disease are imported from without, and that those of a less virulent character only find an opportunity of developing themselves in the bodies of women whose vitality is below the normal standard, it may be possible in many cases to prevent disease altogether by improving the health of the patient, and by the proper use of antiseptic precautions both during and after delivery."

The Treatment of Hyperidrosis.

Dr. Henry Wile thus writes in the *Atlanta M. and S. Jour.* for September:

In the matter of treatment, one of the first injunctions to the patient is cleanliness. The milder forms, affecting the axillary, genital regions, palmar and plantar surfaces, usually yield to simple measures, such as the use of astringent washes and powders.

Tannic acid ten to thirty grains to a half-pint of water; extract aconite ten grains to alcohol and ether each four ounces; a saturated solution of boracic acid; naphthol ten to forty grains to the ounce of deodorized alcohol, will all be found of value. Painting the parts with pure tincture of belladonna often acts happily. Bulkley recommends for most cases chloral, one ounce to the pint of water. These lotions should be applied freely for three to ten minutes at a time, two or three times a day, according to the severity of the case, each application being followed by the use of some absorbent powder. The following may also be found to be of advantage:

Salicylic acid ten grains to the ounce of starch;

burnt alum one drachm to salicylic acid and venetian talc each two ounces. Where the skin is in apposition, as in the groins or between the toes, the powder should be used with absorbent cotton. Sometimes a case will resist ordinary measures, and, being obstinate, will require persistent systematic treatment.

In hyperidrosis of the soles, when the simple means indicated above fail to effect a cure, the diachylon ointment treatment, as originally recommended by Hebra, will give satisfaction. Diachylon ointment is composed of litharge and olive oil, in the proportion of one part to four. They are mixed, and allowed to boil slowly to the consistency of an ointment, after which oil of lavender is added in quantity one-tenth the amount of litharge. The ointment is spread on linen and applied to the soles of the feet, which should be previously washed and carefully dried. The plaster may be kept in position by means of a thin gauze bandage or socks. The application ought to be made twice daily for fourteen days, each time the surface of the skin being rubbed gently with dry, absorbent cotton. It is better for the patient to keep a recumbent position during the treatment or walk as little as possible. Water is also to be kept from the parts during the treatment. The old and diseased epidermis gradually exfoliates, and new, healthy surface is exposed. The use of some absorbent powder should be kept up, a few days longer. Occasionally the procedure may have to be repeated, but by this means a thorough cure can be effected.

The internal treatment of hyperidrosis consists in the administration of tonics, where these are indicated for the correction of any debilitated condition of the system. For its direct inhibitory action upon the secretory apparatus of the skin, atropia in gradually increasing doses has been recommended.

A Case of Acute Idiopathic Partial Spinal Myelitis.

Dr. Henry T. Tomlinson thus writes in the *Brit. Med. Jour.*, August 15, 1885:

The subject was M. A. S., female, married, aged twenty-eight, of a family with marked neurotic tendency. There was no history or evidence of injury to the spine, caries, etc. The onset of the disease was ascribed by the patient to slight chill. On June 28th last, while walking about the house, she felt a pain come in her back and shoot down the legs. This pain continued during the next seven days, during which time she felt that power of movement and sensation was gradually leaving her legs. On July 6 (eighth day from the onset), I first saw her, and found complete loss of power of movement in both legs. Sensibility to touch and to pain was lost as far up as the knee; there was coldness of the lower extremities. In the left leg, there was complete loss of patellar tendon-reflex; it was diminished in the right. On tickling the sole (very rough), she said it felt as if it were touched, and caused in the left leg no reflex contraction; in the right, very slight. There was severe pain in the lumbosacral region, and a difficulty in commencing defecation and micturition. On July 11, in the lower extremities, movement and sensation to touch and pain were completely lost. The bowels

had not acted for six days. There was total inability to pass urine, and extreme distension of the bladder gave rise to very slight uneasiness and no pain. The passage of the catheter was not felt. There was severe "girdle" pain round the lower part of the abdomen, in frequently-recurring and intensely painful paroxysms. Trophic changes were now becoming well marked. The erythema, which for several days had existed in the lumbosacral region, marked the site of a developing bed sore, equilateral, and with slight vesication. Subcutaneous hemorrhages had also appeared on the hips, groin, and lower part of the abdomen, livid blue in color, resembling bruises in an early stage. There was also fever. The temperature was 101° Fahr. The tongue was moist, and coated with a soft creamy fur. The legs had recovered their natural warmth. On July 12, the temperature was 103.4° Fahr.; the pulse 143, soft and compressible. There was free perspiration. The urine, drawn off by the catheter, was very ammoniacal, and contained a large quantity of blood and pus. On July 14, death occurred by assthenia.

Maggots in the Ear.

Dr. Alexander Shaw thus writes in the *Canada Med. and Surg. Jour.* for September:

J. B., male, aged forty-one, type-setter, came into my office hurriedly, and looked excited. He informed me in a somewhat hesitating manner that he had maggots in one of his ears, and to prove his assertion, showed me several which he had removed by means of a match. He suffered no actual pain, but a peculiar sensation as if something were moving in his ear, which made him feel nervous. Has had a purulent discharge from the ear for about twenty years. He said that a few days ago a fly got into his ear, and remained there some hours. Taking the ear-mirror and looking into the ear, I found the auditory canal fairly alive with maggots. I at once resorted to syringe and water, and removed forty-five maggots, each about one-eighth of an inch in length. All were alive and moved actively in the water. I again looked into the ear and could see the whole length of the auditory canal, but did not discover any more maggots. I now dried out the canal with cotton, and thinking I had removed all the maggots, sent my patient away, telling him to return the following day for further treatment. He returned in three or four hours and said he thought there were more of those animals in his ear, as he felt the same peculiar sensation he had felt before. While he was talking, he put his finger in his ear and brought one away. I again used syringe and water, and removed thirty-four more. I now discovered how they had previously escaped my notice. At the inner end of the auditory canal there was a small piece of necrosed tissue which had not become wholly detached, and also a narrow rim of the destroyed membrana tympani; behind these the maggots would crawl, and give a good deal of trouble in getting them away. The following day, with a good deal of difficulty, I succeeded in getting one more away. It would no sooner come into view than it would again disappear. This one proved to be the last. I thus removed eighty

in all, the patient himself taking away at least ten or twelve. It is an enormous number of maggots to have in the ear, although they were small. Had they been allowed to remain a few days, they would, no doubt, have set up more symptoms of a marked character.

Aneurism of the Common Carotid, Cured by Rest, Iodide of Potassium, and Compression.

Dr. George D. Mackintosh thus writes in the *Lancet*, August 15:

Mrs. T. P., aged thirty-five, was first seen by me on March 27, 1883. I found her to be suffering from a pulsating tumor on the right side of the neck, opposite the upper border of the thyroid cartilage. On palpation the tumor was found to pulsate in an expansive manner—that is to say, the pulsation was equal all round as far as could be felt. On pressure the tumor could be completely emptied, and when the fingers were removed slowly refilled again by several successive pulsations; it was evidently in connection with the common carotid artery. On auscultation a distinct bruit was audible. The patient suffered considerable pain, both at the site of the swelling and in the face, of a neuralgic character. Mr. Henry Summerhayes, who saw the case with me on this occasion, fully confirmed my diagnosis of aneurism of the common carotid at its point of bifurcation into the internal and external carotids. We prescribed in the first instance considerable doses of iodide of potassium, with complete rest in the recumbent position and a spare diet.

On April 23, there being but little improvement in the symptoms, and the pain being so severe as to necessitate the frequent hypodermic injection of morphia, I determined to try partial compression by means of a firm elastic collar with a cork pad attached, so arranged as to lie completely over the tumor and to empty it of blood, whilst the circulation was not greatly interfered with; at the same time the previous treatment was persevered with. After a week's use of the collar, the patient professed herself greatly better, the pain being much less severe; but there was considerable pulsation to be felt through the pad; I therefore somewhat tightened the lacing of the collar, and this had to be done again and again at intervals of a few days. At the end of three months I removed the collar completely, as there was no longer any pulsation to be felt over the tumor, which had completely solidified, and has since given the patient no more trouble. She is now (May, 1885) going about her work as usual. Mr. Summerhayes again saw the case last summer, and was greatly surprised at the cure effected, which he acknowledged to be complete.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Applied Medical Chemistry; a Manual for Students and Practitioners of Medicine. By Lawrence Wolff, M. D. Cloth, 8vo., pp. 174. P. Blakiston, Son & Co., 1885. Price \$1.50.

The knowledge of chemistry that the average

medical student acquires is superficial and merely theoretical. The object of the writer of the present treatise is to introduce the student to a number of practical applications of his knowledge which will fix it in his memory, and render it useful to him in his future.

These applications relate to the chemistry of poisons, to the examination of the principal physiological secretions, excretions, and concretions, to the testing of the purity of the more usual articles of food and drink, and to similar matters of daily interest. The plan is an excellent one, and the author has carried it out in a manner which will give his readers satisfaction.

The Science and Art of Midwifery. By William Thompson Lusk, A. M., M. D., etc. New edition, revised and enlarged. Illustrated. Pp. 763. New York: D. Appleton & Co.

This American treatise on the subject of midwifery has attained so excellent a foreign reputation that it has been translated into several European languages. The profession at home also received it with cordiality, and the author now issues his second edition with the careful revision which such a reception of the first demands at his hands. A number of new illustrations have been added, and the work in general brought up to the times and made a representative of the rapidly-growing art of midwifery. In the short space of three or four years many changes have taken place in the management of labor, especially in the employment of disinfecting procedures, and to these a close attention is awarded.

While in some directions the originality of the author may not find many converts to his views, all who study his treatise will acknowledge that he has adopted such only after long and careful study of the subject and a wide range of observation.

The volume is handsomely issued by the publishers, the paper being excellent and the illustrations carefully printed. We cannot doubt that this new edition of the work will meet with a yet more cordial reception than that which preceded it.

Alpine Winter in Its Medical Aspects, with Notes on Davos Platz, Wiesen, St. Moritz, and the Maloja. By A. Tucker Wise, M. D., etc. Second edition. Cloth, 8vo., map. London, J. & A. Churchill, 1885.

The fact that a cold climate is often more salubrious than a warm one is familiar; but that in diseases of the lungs, especially in commencing phthisis, that a winter spent in the intense cold of a high elevation is the best possible treatment

of the patient is as yet not sufficiently recognized. Dr. Wise gives abundant testimony on this point, and describes several of the most popular winter resorts in the high Alps. His description of the life there is attractive, and the comforts of the hotels he names would seem to be ample. It would have been better if he had been more specific about prices. Many an invalid will be deterred from following his suggestions, lest the expense of the journey and treatment should be too great. In other respects, his volume contains all the information which it should present.

Letters from a Mother to a Mother on the Formation, Growth, and Care of the Teeth. By the Wife of a Dentist. Paper; pp. 106. Welch Dental Co., Philadelphia.

These letters, originally contributed to the pages of the *Southern Dental Journal*, are now reprinted in a neat and handy form for general circulation. They give in clear and familiar language the most important rules for the care of the dental apparatus, especially in infants and children. The perils of dentition, which are such a terror to many mothers, are set forth, and the means of lessening the risks attending upon it are explained. It is a very useful and pleasantly-written household manual.

Milk Analysis and Infant Feeding: a Practical treatise on the examination of human and cows' milk, cream, condensed milk, etc., and directions as to the diet of young infants. By Arthur V. Meigs, M. D. Cloth; pp. 102. P. Blakiston, Son & Co., Philadelphia.

The author maintains that the methods of analysis heretofore applied to milk are faulty, and suggests others. He describes the most appropriate food for infants as used by himself and his father; and adds a number of valuable practical suggestions as to the artificial feeding of infants, and points connected therewith.

The Essentials of Histology, Descriptive and Practical. For the use of students. By E. A. Schafer, F. R. S., etc. 8vo., cloth, pp. 240. Lea Brothers & Co., Philadelphia, 1885.

The microscopical examination of healthy tissues is an indispensable preparation for the study of pathology and for the more recondite problems of anatomy. This work is designed to aid the student in this branch. It explains to him the use of the microscope, the action of reagents, the character of blood corpuscles in man and the lower animals, the appearance of connective tissue, muscular fibre, glandular and nervous structure, and, in short, all the portions of the animal economy usually subjected to histological examination. The explanations are clear, and the pages are amply illustrated.

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Dr. J. Maximowitsch (*Deutsche Med. Zeit.*, 64, 1885, p. 727,) has also investigated the action of this quinine preparation, and he administers it in all cases where quinine is indicated and a special sedative effect is besides desirable. He says that the hydrobromate of quinine presents yellowish-white minute crystals, which are easily soluble in water. The solution of it has an acid reaction, and assumes within a few days a greenish tint, without the latter fact having any deteriorating effect on the remedy. Its easy solubility makes this preparation specially adapted to hypodermic medication. M. employed a solution of 0.18 to 0.3 to 1.0 aq. dist. (2½-5 grains in 16 minims of water). To obtain the solution as rapidly as possible, it ought to be heated and filtered. Internally the remedy is used in about the same doses, and best administered in wafers.

ANTIPYRIN AS A STYPTIC.

That antipyrin is a reliable antipyretic remedy nobody can doubt, who has read the many reports which the **MEDICAL AND SURGICAL REPORTER** published during the last six or ten months. Reliable authorities have fully determined this antifebrile action of the drug. Dr. Thuchard (*Bullet. et Mém. de la Soc. Thér.*, 1885,) has of late investigated the new remedy with a view to discover any possible other effects, and he found it a reliable styptic. The bleeding extremity of a rabbit,

when placed into a solution of antipyrin (1:20), continued to bleed for four minutes; while in ergotin it was checked in within seven, and in Monsel's solution within nine minutes. Soon after this experiment, the opportunity offered itself to test the hæmostatic action of the drug on the human being. A large abscess, having been opened by the knife, gave rise to considerable hemorrhage. A cotton tampon, thoroughly saturated with a solution of antipyrin, was brought in contact with the bleeding surface, and the hemorrhage ceased at once. Later, bleeding from the nose and from the rectum—in the latter case due to hemorrhoids—was stopped in a similar and rapid manner. In both cases the antipyrin was added to ol. theobromæ, and administered in the form of suppositories.

During these observations it was also discovered that under the effect of antipyrin all purulent discharge ceases, so that it seems that antipyrin has also strong disinfecting and anti-putrid properties.

AN INTERESTING CASE OF PNEUMOTHORAX.

A man, aged twenty-one, was seized last January with right-sided pleuro-pneumonia and brought to the medical clinic of Prof. Mering in Kiew (*Wratsch., Russ.*, 25, 1885). The ninth day a critical sweat ensued followed by a decline of temperature, but no convalescence as yet set in. Moderate fever and a slight dullness on percussion continued until February 13, when suddenly after a severe attack of coughing, dyspnoea and cyanosis occurred, while the patient experienced an intense, sharp pain, and heard a peculiar whistling noise in the right side of the chest. The examination revealed right-sided pneumothorax with decided displacement of the heart towards the left side. At the same time a swelling was noticed on the right side over the false ribs; fluctuation was discovered, and the liver seemed greatly enlarged. February 27, by aspiration, four pints of a frothy exudation were removed, whereupon the patient felt greatly relieved. The pneumothorax gradually disappeared altogether, and so also the exudation after aspiration had been performed once

more. But what was peculiar, about the middle of April, symptoms of pneumothorax once more developed themselves and then slowly again ceased. In literature, the author could find but sixty cases where pneumonia caused pneumothorax. At the medical clinic of Kiew, amongst 422 cases of croupous pneumonia only two of pneumothorax were observed.

HYPODERMIC MORPHIA.

The use of morphia and the hypodermic syringe is now so common, the relief from agonizing pain, that it brings so quickly, is so tempting, its convenience of administration so enticing, that we are apt to go to an extreme if we are not very careful. The effects produced by hypodermic injections are very rapid, and in some cases very startling, and it is well that we should occasionally halt and ponder.

There can be no doubt that many lives have been unintentionally sacrificed by the use of this little syringe, and this is a consideration that should make us very cautious in its use. Such an authority as Dr. H. C. Wood has seen death from the injection of $\frac{1}{2}$ of a grain, and Dr. Talfourd Jones considered the matter of sufficient importance to discuss it minutely before the British Medical Association.

The great point is that we are too apt to administer too large doses before we have ascertained the susceptibility or tolerance of our patient, and this danger seems much greater in hypodermic than in oral medication. To be on the safe side, it is agreed that the first dose for an adult should not exceed the $\frac{1}{15}$, and for a woman the $\frac{1}{18}$ of a grain of morphia.

NOTES AND COMMENTS.

How to Treat Wounds of the Fingers.

Every physician, no doubt, feels satisfied that he knows perfectly well how to treat finger-wounds, yet Dr. John Kent Spender seems to think that he knows enough original about the subject to warrant him in publishing an article in the *Bristol Medico-Chirurgical Journal* for June. He believes in properly dressing such wounds,

and then *letting them alone*, and the prime element in his proper dressing is the *absolute exclusion of air*. To illustrate his method, he relates the case of a man whose third and little fingers were cut by machinery; the last phalanx of the third finger was almost separated. The flow of blood was checked with circular pledgets of lint; next he fastened the arm and hand to a board, and suspended the whole limb in a sling; and the last step of these preliminary proceedings was to send the patient home to recover from the shock, with the help of warm food and a little sleep. Four hours afterwards he visited him, and dressed the injured fingers in the following way:

Firstly, the pledgets of lint, stiffened with dry blood, were soaked in water and gently removed. No foreign body of any kind was found. The fingers were thoroughly cleansed, the nearly separated portions were brought into juxtaposition and retained *in situ* while a circle of boric lint was applied. Each finger was laid upon a bed of absorbent cotton-wool tiasus, which just met on the dorsal side; then a lilliputian bandage of thin, soft calico was put around, with moderate pressure, and the turns of bandage were brushed over with the gum *acacia* mucilage of the *British Pharmacopœia*. Finally, each finger was put into a cradle of gummed paper, which was moulded while soft, and then dried in the gradual heat of an oven. These light and simple shields kept the fingers apart, and guarded them from further accident.

The wounded fingers were not undressed until eleven days had elapsed from the date of the accident;* and when exposed to view the healing was found to be complete, and the fingers were of their natural size (though, of course, a little shorter than before the injury). The tender cicatrices were protected for a few more days with ordinary plaster, and the work was finished.

The Relation between Diphtheria and Scarlet Fever.

More than once cases have been reported wherein it seemed strongly indicated that there was a close relationship, if not an actual identity, between the materies morbi of these two diseases. The latest instance, that reported by a contributor to the *Brit. Med. Jour.*, September 5, we reproduce in his own words:

"A little boy, aged 4 years, began to feel rather out of sorts, and to complain a little of his throat, but was not, for some days, ill enough

to be confined to bed. When I first saw him, which was some days after he began to complain, he was not in bed, but his throat, on examination, was seen to be slightly sore, and he was feeling languid, and had lost his appetite; but there was scarcely any increase of temperature, and there was no rash. A few days later, however, he was a good deal more prostrate, slightly more feverish; the gland under the angle of the jaw was more swollen, and the characteristic deposit of diphtheria had become well established, while a sanguineous discharge by-and-by appeared from the nostrils, and the breath became very offensive. The throat and nasal symptoms became very severe, and remained so for several weeks. Then dropsy made its appearance, being confined chiefly to the face; and the urine was found to be highly albuminous, while there was considerable drowsiness, with catarrhal symptoms. He recovered after being confined to bed continuously for five or six weeks, and there was not the slightest appearance of desquamation observed, although very carefully looked for.

"About a week after he first began to complain, his sister, who was about two years older, was suddenly seized with a severe attack of well-marked scarlet fever, with sore throat, copious eruption on the second day, high pyrexia, and severe cerebral disturbance. This was followed, in a week or two, by acute rheumatism, with cardiac and pulmonary implication, and a renewal with greater severity of the cerebral symptoms, necessitating removal of the hair, and blistering of the vertex. She also was confined to bed for five or six weeks, and there was copious desquamation, but no dropsy, nor, so far as I can recollect, any albuminuria.

The Diagnosis of Fractures Near a Joint.

This is oftentimes a very difficult matter, and has frequently caused the sweat of anxiety to bedew the forehead of the most experienced surgeon. Crepitus, deformity, and mobility, the these classical signs of fracture, Dr. Oscar J. Coskery tells us in the *Med. Chronicle* for July, are not infrequently wanting. But there are three other signs that stand us in good stead; *fixed pain*, the *site and quantity* of the hemorrhage, and the *perfect helplessness* of the limb. It often happens, as for instance in fractures of the fibula alone, that we can observe no *deformity*, *crepitus*, or *mobility*, but, if we follow the line of the fibula up, at one certain point the tip of the finger elicits pain. If this is always complained of whenever pressure is made upon this point, he

* During all of which time the weather was very hot.

thinks the diagnosis is plain. The pain is evidently due to the soft parts being irritated by the sharp edges of the fractured surfaces.

The second of these signs, the *site* and *quantity* of the hemorrhage, should be considered thus: The patients whose cases he details fell, striking upon the *outer* side of the limbs, and ecchymoses slowly made their appearance on the *inner* side, and then in considerable quantity. Had the bleeding been the result of contusion alone, it not only would have appeared sooner, but at the point injured. As it was from the small and non-contractile vessels of the bone, the bleeding was longer in progress than it would have been in the soft parts, where, very probably, a larger vessel would have been ruptured. Again, during this slow bleeding the blood had time to gravitate to a dependent position, or direction of easiest escape.

The absolute helplessness of that portion of the limb that contains the broken bone is, probably, the most important of these signs. The fact that a patient has not made a step after the accident, or raised his hand above his head, is a strong point to start from in attempting the diagnosis.

There is one mistake that he has several times seen made in diagnosing fractures of the femur. When the patient is told to raise his thigh from the bed he can do so by contracting the hamstring muscles, sliding the heel upon the bed, and thus the lower end of the femur is pushed up by the head of the tibia; but the *psoas-magnus* and the *iliacus* do not contract.

The Liebreich Treatment of Syphilis.

The *Lancet*, August 8, says that it is now some time since the employment of subcutaneous injection of hydrargyrum formamidatum was recommended in the treatment of syphilis. The interval has not been misspent by Dr. Carl Kopp, who has brought together the results of his experience in the *Vierteljahr für Dermatologie und Syphilis*. Altogether 3000 injections were made on 126 cases, giving an average of twenty five injections per case. Sixty-five cases were males and sixty-one females. Fifty-three times the disease was treated whilst in its primary form. The secondary stages were treated seventy-one times. Only two cases belonged to the tertiary period. The symptoms disappeared under the treatment in ninety-two cases. Thirteen times the injections had to be discontinued on account of untoward effects. In spite of prolonged treatment eleven cases failed to be benefited by this method. Ten cases were doing well under the treatment, but

this was allowed to lapse from some cause or another. Tenderness about the seat of injection was noted altogether sixty-five times; thirty-four times this subsided in an hour, and in the remainder the tenderness lasted from two to twenty-four hours. Forty-one times an induration developed at the point of puncture. An abscess formed once in a woman. Salivation and stomatitis were recorded twelve times, eight times in men. The injections were continued for a long period in thirty-nine cases, without any unpleasant after-effects. Universal erythema in a woman, eczema of both lower extremities in a man, and parenchymatous nephritis in a woman, were the complications observed during the treatment, but it would be difficult to say what share the injections had in their production. We append some of the conclusions formulated by Dr. Kopp. Liebreich's preparation is decidedly useful in certain of the milder forms of primary lues, as also for many slight secondaries. The formamide should not be employed in severe cases where there are large papules or thick infiltration; inunction is still the best method of treating these cases. The tertiary forms are likewise not to be treated by the formamide. Relapses are by no means prevented by Liebreich's method; on the contrary, they appear to be extraordinarily common after this treatment.

Echinococci of the Brain.

Prof. Kowalevsky, of Charkow (*Arch. Psych.*, Bd. iv., 2), attended in his clinic a patient, aged sixty-eight, who suffered from imbecility and right side hemiplegia. Diagnosis: tumor of the brain. The post-mortem examination gave the following result: The left central convolution of the brain was depressed, the left ventricle dilated to five times its volume, and within the latter there was found a membranous bladder 8 cm. long and 3 cm. wide. Its contents evinced the reaction of benzoic acid. On its inner surface cysticercous heads were discovered in large quantities. Corpus striatum and optic thalamus are decidedly compressed and pushed towards the right side. A similar compression was noticed in the right lateral ventricle; the corpora quadrigemina was pushed backwards and the pons depressed. In none of the other organs were any echinococci found.

According to K., this case proves that in the living, tumor of the brain cannot be distinguished from echinococci in the encephalon, and that paralysis of the cortical centre for articulated language, and paresis of the lower extremities, may be caused, not only by destruction, but also by

compression of the cerebral ganglia. We do not admit that the diagnosis is always impossible. In many cases of tumor we have a history of syphilis, or evidences of tumor somewhere else, with comparatively few exceptions. Then, in tumor of the brain, the intense pain is rarely wanting, and imbecility almost never occurs, while periodical seizures and local palsies often make the diagnosis of tumor more than probable. Though we acknowledge that there are cases where the doubt can only be raised after death, but such are very rare.

Enucleation, with Replacement of the Human Globe by that of a Rabbit.

A novel and suggestive operation is that recorded in the *Boston M. and S. Jour.* (Sept. 17,) by Dr. H. W. Bradford. When enucleating the eyeball, the nerves and muscles were carefully divided, and the eyeball just removed from a rabbit was inserted (some fresh egg albumen being previously poured into the orbit), the muscles and nerves being then accurately sutured together. The rabbit's eyeball retained its vitality and the patient possessed the power of moving the eye, a great improvement over the artificial substitute. The value of the operation cannot from one trial be fully estimated, and it is extremely dubious whether vision could be obtained by the union of the optic nerve. That it would prove, however, of some practical value in the case of children upon whom enucleation has been performed, is credible, for it is well known that in those cases the orbital cavity is imperfectly developed. It is true that we would not expect the globe to increase in size as if a fully-matured rabbit's eye was taken; but Dr. Bradford suggests that the substitution of a young dog's eye might obviate the difficulty, as it would, in all probability if well-nourished, increase in size as it would have done in its normal position. Cosmetically, it could be used in those cases that are often met with where an artificial eye cannot be used on account of some deformity in the conjunctiva or lids.

Alleged Rape by a Boy on a Girl Four Years Old.

To demonstrate how careful we should be in expressing an opinion in cases of this kind, we reproduce the following case, which Dr. J. Braxton Hicks reports in the *Lancet*, August 8. He says:

"I was asked, in combination with a colleague, to meet the medical attendant in the case of a little girl. From an observation made by her, not at all clear as to its meaning, a boy of thirteen years old was suspected to have had connection

with her. She was examined by a medical man, who found an inflamed vagina, with some little bleeding on opening the vulva. He at once took a very serious view of the case, or, in other words, he expressed himself in favor of the probability of there being truth in the suspicion. We found the vulva red and somewhat inflamed, but no signs whatever of laceration. On inquiry, it was found that she had had a febrile attack and sore throat about the time of the former examination, and therefore it was more than likely to be a mild attack of adhesive vaginitis, with or without a slight attack of scarlatina. At any rate, there would have been no suspicion of force having been used, other than the ambiguous words of the child. The parents, however, still retained a suspicion for some time, and it was with difficulty they were persuaded that no legal proof existed. This was greatly owing to the action of the medical man. One scarcely need point out the great circumspection always necessary in giving hurried opinions in any case, and most of all in cases of this kind."

Chronic Alcoholism.

Messrs. Dujardin-Beaumetz and Audigé have communicated the result of their researches on chronic alcoholism. From June, 1879, to July, 1883, eighteen pigs were experimented upon, each of them with a different sort of alcohol, such as ethylic and methyllic alcohol, alcohol prepared from corn, beet-root, and potatoes (pure and impure), absinthe, and tincture of absinthium. These were given daily with the food, in the dose of one to one and a half grammes of alcohol, two grammes of absinthe, and two centigrammes of the tinctura absinthii for one kilogramme of the weight of the body. The symptoms of intoxication by alcohol were sleepiness and prostration, vomiting of bile and glairy mucus, diarrhoea, and sometimes intestinal hemorrhage, dyspnoea, tremor, and incomplete paralysis of the hind legs. Some animals which were killed or died during the experiment were examined by Prof. Cornil. He found congestion of the digestive tube, sometimes causing hemorrhage; congestion and inflammation of the liver, but without cirrhosis; congestion of the lungs; and, finally, atheroma of the large blood-vessels, especially the aorta. The animals were not emaciated, but presented numerous extravasations of blood into the subcutaneous and muscular tissues. Impure alcohol had a much more rapid and deleterious influence than rectified alcohol. The symptoms caused by absinthe and tinctura absinthii were excitement

and spasmodic contractions of the muscles and cutaneous hyperæsthesia, but true epilepsy was never noticed.

Maggots in the Ear.

We have had occasion to note more than once the occurrence of this disgusting condition, and now, again, we are called upon to chronicle the case which Dr. Norman Chevers records in the *London Med. Times*, September 19, 1885. He attended a girl, aged eighteen, who was a paralyzed and bed-ridden idiot. The meatus of one ear was suppurating and filled with large maggots. He used various lotions (having learnt not to syringe the ear, but to place the head flat on a low pillow and to fill the meatus and concha with warm water or medicated fluid, which was allowed to remain there as long as might be needful), which did not appear to trouble the parasites at all. He, therefore, removed them with dissecting forceps, all of them clinging on and resisting with great tenacity. In doing this, he found that the bony canal was quite bare. The meatus was lightly plugged and dressed regularly. The surfaces granulated, and healing went on to such an extent that the cicatrized meatus remained as a round hole two thirds smaller than was natural. At the same time in the following year he was called to her again and found her moribund; the other meatus was filled with maggots.

A Case of Congenital Deformity of the Male Urethra.

In the *Lancet*, September 5, 1885, Dr. D. T. Richard says that a little boy of four years of age was brought to him by his father, who mentioned that the child did not pass his urine properly, and that it did not come through the proper exit. The child was in an emaciated state of health, a condition the father attributed to imperfect discharge of his urine. The penis showed the normal urethral aperture at the glans; but about two lines behind this there was a second opening, about the size of, or a little larger than, the former. The father explained that all the urine was voided through this, and that none ever came by the normal orifice. When the child was anesthetized, it was discovered by the aid of small-sized instruments that the urethra, as terminated in front, passed back for about an inch, and there ended in a cul-de-sac. The hypospadiac orifice opened into the urethra, which lay beneath the blind one and passed back into the bladder.

The treatment which naturally followed consisted in establishing a communication between

the two passages, which is the stage thus far attained. An attempt will be made by-and-by to close the abnormal opening by plastic means.

Tests for Albumen.

So many new tests for albuminuria have been brought forward since the time when we were accustomed to rely upon heat and nitric acid that one is almost bewildered with their multiplicity. Hence, it is gratifying to read in the *Medical Chronicle* for September that Dr. Thomas Harris, of Manchester, as the result of much observation, considers the properly-applied heat-test the most satisfactory of all. That it may be properly used, the urine must be neither too much nor too slightly acid, but just acid enough. If the urine is already acid, he adds a drop of acetic acid after the boiling; if, however, it is alkaline, it must be previously acidulated. While the strong acetic acid will answer in some cases, in others the dilute is preferable.

Treatment of Placenta Prævia.

Dr. E. G. Edwards has adopted a plan of his own, which he thus describes in the *Canadian Practitioner* for September:

"When called to a case of placenta prævia near the end of pregnancy, when flooding is in progress, with the pains continuing, and the patient not too weak or exhausted, he separates as much of the placenta as he can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if the os is not well dilated, and the pain continuing, to squeeze the detached portion between his fingers, or to press it firmly against the opposite side until the os dilates; then he gives ergot and ruptures the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage."

Pilocarpine in Alcoholic Insomnia.

Pilocarpine is one of the few drugs that have recently been added to our pharmacopœia that have been able to hold their own. One of its latest recommendations is in the insomnia of alcoholism. Dr. A. B. Isham tells us in the *Medical News*, September 19, that after the sleep the patient arouses perfectly rational and subdued. A great change is wrought in the personal appearance. The tense, red, bloated countenance, the bleared, congested eyes, and general repulsive facial aspect pass away. It seems to lower the cerebral blood pressure, to eliminate the alcohol, and to increase the absorption of oxygen. After

a debauch its effect are wonderful. The dose will be $\frac{1}{2}$ of a grain of muriate of pilocarpine.

Coca Leaf Cigars and Cigarettes.

Dr. F. E. Stewart has been experimenting for some time with this leaf in the form of a cigar (*Med. Times*, Sept. 19), while Dr. Lewis Lewis has been using it as a cigarette for nine years in the treatment of throat affections. The cigarettes are composed partly of coca and partly of tobacco leaf. Dr. Stewart makes both of pure coca leaf, the cigar having a wrapper of mild imported tobacco of fine quality, the cigarette wrapped with the best quality of rice paper. He concludes that these agents are capable of producing the physiological effects of the drug, though the effects are milder than those resulting from the employment of the fluid preparations of coca internally. His investigations are still in progress.

CORRESPONDENCE.

Strychnia in Malarial Fevers.

EDS. MED. AND SURG. REPORTER:—

In a communication to your journal of August 22, from Dr. Reynolds, of Proctorville, O., I find that he considers the use of strychnia in malarial fevers as something new. Now, I supposed it was old, as when I was a young practitioner, more than thirty years ago, a dear old physician of my county always used it, and made his own pills.

Up to the time when that class of fevers was supplanted, if I may use the term, by typhoid fever, cancer, and pneumonia, I used the following formula, almost invariably, with very satisfactory results:

R. Strychnia sulphas,	gr. ss.
Ext. quassia,	grs. xx.

Mix.—Make mass and divide into ten pills. Take one before each meal.

In an anemic condition, as one of the sequelae of frequent chills and fever, and immediately after their arrest, I used, with great satisfaction, the following:

R. Strychnia,	grs. ij.
Ferri sulph.,	grs. l.
Arsenious acid,	grs. jss.
Ext. quassia,	grs. c.

Mix.—Make mass and divide into fifty pills. Take one half an hour after each meal.

The latter is the best formula I have ever known in what is termed, by some, chronic malaria.

D. COLVIN, M. D.

Clyde, N. Y., October 5, 1885.

How to Remove a Gelatinoid Polypus from the Nose.

EDS. MED. AND SURG. REPORTER:—

All the methods laid down by the surgical authorities for the extirpation of nasal polypi are

easy—on paper. But to actually remove one of these pests is one of the most annoying things that may fall to the lot of the surgeon in general practice.

I offer the following as a good and effectual method: Proceed the same as for plugging the posterior nares for hemorrhage; only your cord, to which you propose to attach the tampon, should be strong packing twine; your tampon had better be of coarse cotton cloth, folded an inch square, and quite thick, the cord tied in a hole perforated through one corner; or have it in the form of a small roller. Then, when all is ready, bring it through with a strong, steady pull out of the nostril. If one trial does not succeed, do it again, until you have the satisfaction of seeing the offender pop out ahead of your tampon, and with it perhaps the turbinated bone to which it is attached. It is then a radical cure.

R. L. MOORE, M. D.

Spring Valley, Minn., Oct. 5, 1885.

Silk Worm Gut Suture.

EDS. MED. AND SURG. REPORTER:—

A number of us during the last two years have been inviting the attention of operators to the value of the silk worm gut for suture. For two years and a half I have used it to the entire exclusion of silver wire, and have come to believe it is better. In nearly fifty cases of operation for lacerated cervix I have used it without encountering a single failure. The ends were always left long, and the ease of removing the sutures at the end of a week is exemplified by the fact that seven sutures are readily and painlessly removed in one minute. In twenty-eight laparotomies I have united the abdominal wound with it. I have left the sutures in as long as sixteen days, and no pus has yet been seen in the line of a stitch.

In three cases in which I made supra-vaginal amputation of the uterus and both ovaries, all of whom recovered and are at home well, I left a large number of sutures from this material in the pedicle (neck of uterus). They have never given any inconvenience. In a score of perineal lacerations I have used it with uniform success, where the laceration did not involve the sphincter ani muscle. Where the muscle is involved, if this suture is used, it will be found advantageous to make subcutaneous division of the muscle opposite the coccyx, as otherwise the suture will cut very deeply.

My manner of preparing this suture for use may be of advantage to some. It is as follows: I buy ten "hanks" or bundles of the gut, each bundle containing 100 strands or threads. The end of the hank is wrapped with red cord. Just above this, I cut the hank across, and again cut it across beyond the knot securing the free ends of the hank. I now tie one knot in the hank. It will then lie nicely on the bottom of a large salt-mouthed glass-stoppered bottle. All the hanks are so treated, put in the bottle, and covered with a five per cent. solution of carbolic acid. The bottle contains 1,000 sutures; they cost just ten dollars.

They are always ready, perfectly aseptic, and soft enough to tie. When an operation is begun,

I throw a hank into a bowl of boiling water, and use them directly from the bowl.

Every wound after it is closed is dressed with a heavy layer of iodoform. If it be a cervix nothing else is used; if a perineum, the iodoform is in and out of the vagina, and some iodoform-cotton is secured to the wound by tying the free ends of the suture across it. If the wound be abdominal, iodoform gauze is also used. This work has nearly all been done in my private hospital, and I have not yet seen a wound made in the hospital suppurate.

R. S. SUTTON, M. D.

Pittsburgh, Pa.

A Cocaine Debauche.

EDS. MED. AND SURG. REPORTER:—

Referring to editorial, page 413, MEDICAL AND SURGICAL REPORTER for October 10, under the head of "A Caution about Cocaine," I beg leave to report a single observation in point.

A gentleman was brought to me a week ago for treatment. A full-sized, well-developed apparently strong man, forty years old, by profession, a "minister of the gospel." He had indulged the morphine habit for two or three years, taking about nine grains of the sulphate, hypodermically, daily, ordinarily. Six weeks before applying for admission to the Sanitarium, he had been induced to substitute cocaine, hypodermically, and leave off the morphine entirely. The change from morphine to cocaine was readily accepted by the organism, and cocaine was used, I presume to say, excessively and satisfactorily to the patient. It "cured" the morphine habit effectually. But the man is now in a state of muscular and mental debility that is truly pitiable. He walks with feeble, uncertain steps, and talks, or mutters, maudlin incoherency, like an alcoholic imbecile. While using morphine, I learn, his conversation was intelligent and ordinarily interesting. What the result of this case will be experience only can determine.

ORPHEUS EVERTS, M. D.

Cincinnati Sanitarium College, Ohio.

Scarlatina in Northampton.

EDS. MED. AND SURG. REPORTER:—

In your issue of October 10, there is a statement which needs correction. "Scarlatina in Northampton" is not raging so extensively as your informant pretends to make it. True, we have had an epidemic of scarlatina in this locality. But, in the first place, it is universally claimed that it was communicated from Bangor to this place, because there was an epidemic of the disease at Bangor preceding that of Pen Argyl. In the next place, there were no ten deaths in one week in Pen Argyl at any time during the epidemic. The highest death-rate was four in one week. Since the onset of the epidemic, Dr. Cawley and myself treated upwards of one hundred cases. Out of the whole number there were sixteen deaths. The schools have opened, and everything is quiet. There are now no new cases reported.

G. N. SWARTZ, M. D.

Pen Argyl, Pa., Oct. 13, 1885.

NEWS AND MISCELLANY.

Relations of Forests to Malaria.

In the course of an article on "Malarious Countries and their Reclamation," in the *Popular Science Monthly* for October, we read that sometimes a twofold drainage of the upper, as well as the under aspect of the soil may be practiced—that is, draining the subsoil and increasing the evaporation of the surface water. The cutting down of forests in malarious countries has often proved an excellent means of amelioration; because, by removing every obstacle to the direct action of the sun's rays on the surface of the soil, its humidity during the warm season is sometimes entirely exhausted. In spite of universal experience of this fact, a school originating with the great Roman physician, Lancisi, has sustained the contrary, counseling the maintenance and even the extension of forests in malarious countries. Lancisi was completely possessed with the "palustral prejudice," and believed that the malaria generated in the Pontine Marshes, and attacking such townships as Cisterna, was intercepted, if only partially, by the forests between, and he therefore opposed the cutting down of the trees and recommended increased planting. He did not know that the malaria was already in the soil and covered by the forest in question. Some thirty years ago the Caetini family, to whom Cisterna belongs, cut down the forest, and twenty years thereafter Dr. Tommasi-Crudeli was able to show that the health of the neighborhood had greatly improved in consequence. A commission appointed by the Minister of Agriculture investigated the whole subject of the coexistence of woods with malaria, and in its report issued in 1884 completely disproved the theory of Lancisi, and confirmed that of Dr. Tommasi-Crudeli.

Absorbent plants have been suggested and used as a means of drawing humidity from the soil, not without success in certain countries really malarious. The prejudice that the malaria is due to the putrescent decompositions of the soil has, in Italy, led to the choice of the *eucalyptus globulus* as the tree best adapted to combat the poison, the idea being that the eucalyptus, which grows very rapidly, dries the humid earth, and at the same time by the aroma of its leaves destroys the so-called miasmata. No genuine instance of the eucalyptus having succeeded in its allotted task is yet known to Dr. Tommasi-Crudeli, though he does not say that its success is impossible. Had its Italian patrons studied its action in its native Australia, where it flourishes much better than in Italy, they would have known that there are eucalyptus forests in those latitudes where malaria is very prevalent, as has been shown by Professor Liversidge, of the University of Sydney.

Cosmophobia.

Dr. F. W. Vance, writing in the *Weekly Med. Review*, says:

By cosmophobia we are to understand dread of the world process. As an individual characteristic, it has been recognized in its metaphysical aspect by learned essayists on character, but hardly so in its psycho-pathological nature. Pascal and

Carlyle are notable examples of this form of psycho-emotional aberration, and the dissertations of M. de Villeman and Froude on their respective characters show to the psychologist that even they are not free from the emotional taint which is so well pictured in their memoirs of those distinguished men.

To the healthy mental organism philanthropy can bring no dread, doubt, nor terror. The emotional healthy French atheists do not go off into a psychical faint on contemplating their purposeless world mechanism and the fiat of everlasting annihilation.

A most marked type of cosmophobia I have met with in a gentleman acquaintance of mine—a brilliant genius in the fields of poetry and the editorial world. The God-consciousness seems to be throned in his emotional nature, but not as the benign being of sublimated Christian culture. The power of the world process is with him a power of evil, and existence a phrenzied carnival.

The life led by this person has been such as to develop what I regard as the physiological or rather pathological condition of brain, spiritually reflected as cosmophobia, viz.: irritability and debility of that part of the psychical mechanism concerned in the elaboration of intellectuo-emotional ideas. Of course, a predisposition to such a mental condition exists in the individual temperament, but through causes physical and moral the complete evolution of the typical cosmophobe is brought about.

Resolutions to the Memory of Dr. John Martin.

At a meeting held by the physicians who attended the funeral of Dr. John Martin, late of Lancaster county, on Saturday, October 10, 1885, the following tribute of respect was adopted:

WHEREAS, It has pleased an All-wise Providence to remove from our midst our professional brother, Dr. John Martin, thus severing the ties which bound us together in professional life, therefore, be it

Resolved, That while we bow in humble submission to the divine will of Him who doeth all things well;

Resolved, That though his voice is hushed in death, in our memories he shall ever live, and that his wise counsel and smiling face will long be remembered by us.

Resolved, That we sincerely sympathize with the afflicted family in their sad bereavement, and would ask them to accept our sympathies, tender as they are, under a sensible impression of the great and irreparable loss which they sustain.

Resolved, That we attend his funeral in a body.

Resolved, That a copy of these resolutions be furnished to the family of deceased, and also published in the daily papers: also in the MEDICAL AND SURGICAL REPORTER of Philadelphia.

B. LEAMAN, M. D.,

E. D. PLANK, M. D.,

A. W. KEENE, M. D.,

H. C. RAUB, M. D.,

J. M. DEAYER, M. D.,

J. S. WRIGHT, M. D.,

H. M. BLACK, M. D.,

Committee.

Prehistoric Dentistry.

The *Brit. Med. Jour.* says that the Romans of the Augustan era were acquainted with the art of replacing lost teeth by means of artificial substitutes is clearly established by passages in Martial and Cicero, but recent investigations show that this mode of remedying personal defects is of considerably earlier origin than has hitherto been supposed. A few months ago, Dr. Van Martor, a dentist practicing in Rome, published in an American journal an illustrated description of a partial upper denture found in an Etruscan tomb, dating from about B. C. 600, and now preserved in the museum at Corneto-Targuinus, near Civita Vecchia. It carries a first bicuspid and two central incisors, skillfully carved from the teeth of some animal, and was secured to the adjoining natural teeth by rings of soft gold. The journal of the British Dental Association for September contains well-executed drawings of two similar specimens also found in Etruscan tombs, and presumably of about the same date, which were recently discovered in the Brown Museum at Liverpool by Dr. W. H. Waite, of that city. One of these consists of a gold band, which was attached to the two upper lateral incisors, and carries two artificial centrals; the other carries an artificial right lateral and central, and was secured to the right upper canine and left central incisor. The specimens are of great interest as further indications of a high condition of civilization amongst a people of whom comparatively little is known.

What Some Great Men Thought of the Corset.

The *Medical Record* tells us that Napoleon Bonaparte said to Dr. Corvisart, speaking of the corset, "This wear, born of coquetry and bad taste, which murders women and ill-treats their offspring, tells of frivolous tastes, and warns me of an approaching decadence." Joseph II. of Austria was very severe upon the corset, and made a law confining its use to abandoned women. The last King of France embodied his opinion of this abomination in this stinging epigram: "Once you met Dianas, Venuses, or Niobes; nowadays, only wasps." The great naturalist Cuvier was walking one day with a young lady, who was a victim of tight lacing, in a public garden in Paris. A lovely blossom upon an elegant plant drew from her an expression of admiration. Looking at her pale thin face, Cuvier said, "You were like this flower once; to-morrow it will be as you are now." Next day he led her to the same spot and the beautiful flower was dying. She asked the cause. "This plant," replied Cuvier, "is an image of yourself. I will show you what is the matter with it." He pointed to a cord bound tightly round the stem, and said, "You are fading away exactly in the same manner under the compression of your corset, and you are losing by degrees all your youthful charms, just because you have not the courage to resist this dangerous fashion."

A Queer Superstition

From an exchange we learn that a farmer living in Beaver township, Pa., cut down a large oak

tree on his farm; and, in cutting it up, he found imbedded in the trunk, seven or eight feet from the ground, a small glass bottle, and what had the appearance of a lock of hair. The bottle had been inserted in a hole in the tree made by an auger; then a pine plug was driven into the hole, over the bottle, the hair also being held in the hole by the plug. The bottle was corked, and contained a colorless liquid. Over the plug had grown six solid rings of wood, besides the thick bark. There was a superstition among the early settlers, and it is held by many of their descendants, that asthma and other affections could be cured by the victim standing against a tree, and having a lock of his hair plugged in it while the hair was still attached to his head. It must then be cut off close to his head, and the afflicted person walk away without looking at it or ever passing by the tree again. While the use of a bottle was not included in this treatment, it is probable that the one with the hair discovered in the heart of the oak tree, was put there, in the early days of the settlement, by some believer in the superstition, to cure an ailment of some kind.

Ferrán's Vaccine.

The *London Medical Times* (Sept. 26) tells us that Dr. Ferrán having submitted a portion of his vaccine fluid to MM. Chantemesse and Rummo, they have lost no time in investigating its properties and reporting thereon to the Académie de Médecine of Paris. They state that the sample they received, which Dr. Ferrán declared to be a typical specimen of his vaccine, was an odorless fluid of a clear yellow color and slightly alkaline reaction. After experimenting with it and testing its behavior in Agar-Agar and peptonized gelatine, they are led to conclude that the vaccine is not a cultivation fluid of invariable composition: sometimes it is an impure cultivation of comma bacilli, sometimes it is a liquid containing masses of micrococci, whilst the comma bacilli are almost wholly absent. In either case the subcutaneous absorption of the so-called vaccine does not protect against the injection into the stomach of a pure cultivation of comma bacilli made according to the recognized methods. Its vaccinal power is nil according to their experiments. Injected under the skin of guinea-pigs, even in doses of several cubic centimetres, it does not give rise to any choleraform manifestation, though in larger doses it may cause sloughing.

The "Miskin Hané."

The Constantinople correspondent of the *Journal des Débats* has recently published in that paper a vivid description of the "Miskin Hané," or Leper's Hospital at Scutari. The hospital is in the centre of the vast cemetery in which so many millions of dead have been interred since Constantinople was first built, and is surrounded by the splendid cypress trees, the dark green of which contrasts so well with the blue outline of the Sea of Marmora and the shores of Asia Minor in the distance. The building itself is a quadrilateral about 120 feet long, and with only one story. To the right of the entrance is a small mosque, in which the lepers recite their five prayers a day,

this being their only distraction. In the centre is the courtyard, upon which open twenty rooms, and it is in these that twenty-seven sufferers drag on a miserable existence. Their rooms are lighted by a small window, with wooden bars, while in the way of furniture there is nothing but a mattress thrown upon the ground and a few common utensils. More abject misery, states the correspondent, it is impossible to conceive, but it is satisfactory to learn that steps are being taken towards the erection of a new hospital in which these unfortunate beings may be treated with some chance of cure.

Inoculations for Yellow Fever.

The *Med. Record* says that in a letter of Dr. Freire, of Rio de Janeiro, to Dr. Ramirez, published in the *La Crónica Médica*, of Lima, the writer states that he has vaccinated over three hundred individuals with gelatine cultures of the yellow fever microbe. The inoculations are made by means of five or six punctures in the arm. As a general rule, a few hours after the operation the subjects experience a slight headache, with bruised feelings in the extremities and lumbar region, and rachialgia. There is an elevation of temperature of 1° or 2° F., and in rare cases there was nausea or vomiting. These symptoms continue for two or three days, but never become dangerous in their severity. The inoculations were practiced upon persons living in the very heart of the infected districts, and not one of the subjects died, and only very few suffered from a mild form of the disease, although of their non-vaccinated neighbors two hundred died within a period of three months.

Write Legible Prescriptions.

It is a notorious fact that great men are bad penmen, and as physicians are supposed to be great men, we imagine that this accounts for their horrible chirography. We are not pleading for the editor, but for the druggist and the patient. Illegible prescriptions may make the difference between cure and kill; the difference between 3 and 3 is very slight on paper, but may mean much in a bottle, and we can fully indorse the *Western Druggist* when it lifts up its voice in lamentation and protest against what it calls the "abominable chirography" of many physicians. It adds: "A physician who cannot or will not write a clear legible hand, should be debarred from practice, or at least be required to have in constant attendance a capable penman. A Department of Penmanship is the crying need of the hour in our medical colleges. There is very little practical difference between bad prescription-writing and downright malpractice."

The Frontier Inspection Service.

The Surgeon-General of the Marine Hospital Service has received a letter from Surgeon H. W. Austin, descriptive of a visit made by him to Montreal, and the system of inspection on the Canadian frontier. He says he is satisfied that the inspection service is well and faithfully conducted, and that every practicable precaution has been taken to guard against the introduction of

the small-pox epidemic into the United States. The Canadian authorities, he says, are also doing all in their power to check the further progress of the epidemic.

Camphor in Japan.

The *American Druggist* tells us that the production of camphor in Japan is of considerable importance. It is obtained from the wood of the *Laurus camphora*. Camphor oil is a sub-product, which is condensed with the camphor carried away by the vapor of the appliance where the wood is treated. This oil, after being purified, is devoid of color. Its gravity at 59° Fahrenheit is .895. By oxidation, it yields ordinary camphor, and is easily attacked by chlorurets or sulphuric acid. Its specific rotative power is 68.96°. A number of fractions obtained by distillation have shown after examination that this oil was a complex mixture of hydro-carburets of the terpene kind, with various oxydized hydro-carburets. The industrial value of this oil is considered beyond dispute on account of its property of dissolving resins and of mixing with siccativ oils. It can thus enter into the composition of different varnishes. Mixed with a solution of palmitate of aluminium, it can be used for rendering paper impermeable. By combustion with a limited access of air, this oil produces an excessively fine black at a low price. In Japan this oil is largely used for illuminating purposes.

Fly-Plates.

From the *American Druggist* we learn that some time ago a novel form of fly-destroyer was introduced in Europe, namely, fly-paper shaped in the form of plates. The government, however, stopped their sale on account of their containing arsenic. Mr. Adolph Vomacka now suggests to utilize this idea, with the modification of substituting non-poisonous substances for the arsenic. He recommends the following: 150 parts of Surinam quassia are thoroughly boiled with 400 parts of water, and the strained decoction concentrated to 50 parts. On the other hand, a tincture is prepared from 25 parts of long pepper and 80 parts of dilute alcohol, by macerating for three days, filtering, and coloring with fuchsine. This tincture is mixed with the extract of quassia, the mixture allowed to settle, the clear liquid heated, and 10 parts of chloride of cobalt and 2 parts of tartar emetic dissolved in it. Plates made of coarse bibulous paper are dipped into this solution, and when saturated, set aside to dry. If it is desired to employ arsenic, a small quantity of arsenious acid (about $\frac{1}{4}$ part) is dissolved in the liquid instead of the cobalt and tartar emetic.

A Mustard Sponge.

Dr. B. W. Richardson recommends the use of a sponge for mustard poultices. He says: "A sponge makes the best of mustard-carriers. The nurse mixes the mustard in a basin with water until the mass is smooth and of even consistency. Then she takes the soft mass all up with a clean sponge, lays the sponge in the centre of a soft white handkerchief, ties up the corners of the handkerchief neatly, to form a hold, and applies

the smooth convex surface to the skin. This mustard sponge, warmed again by the fire, and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice for re-application, often a matter of importance during the weariness of night-watching. The sponge can afterwards easily be washed clean in warm water."

Pure Cocaine.

We regret to learn that the item in our issue of October 3 (page 392), in reference to the adulteration of cocaine, has, in some quarters, been assumed as reflecting upon the drug as furnished by Messrs. Parke, Davis & Co., of Detroit. We hasten, in justice, to correct this erroneous impression, to state that this house was not in view, as it is universally conceded that the drugs placed upon the market by Parke, Davis & Co. are extremely pure and of the highest grade of efficiency.

Athletics at Lehigh University.

The Lehigh University Athletic Association, at a meeting last Saturday, was reorganized on an entirely new basis. I. A. Heikes read the report of Committee on New Constitution and By-Laws, based upon those in force at Yale, which were adopted. The Executive Committee, consisting of four alumni members, are Prof. E. H. Williams, Jr., and A. E. Meaker, '75; W. T. Goodnow, '83, and I. A. Heikes, '85.

American Academy of Medicine.

The American Academy of Medicine will hold its next annual session at New York, on October 28th and 29th, 1885.

OBITUARY NOTICES.

DR. CHARLES PHILLIPE ROBIN.

This famous physician and scientist was born in Jasseron, France, in 1821, and conducted his medical studies in Paris. He proved an admirable scholar, and took several honors before receiving his degree. Thereafter he rose steadily in eminence in his profession, giving much impetus to the use of the microscope in pathological study, and directing his own investigations mainly to the character and condition of the tissues and liquids of the human body. Upon these tissues and upon cerebral matter he wrote works of value. He also gave some attention to natural history. Various European medical and scientific bodies elected him to membership, and he was chosen professor of anatomy and histology in Paris. Of late years he had held a seat in the French Senate. He died October 6.

DR. FRANKLIN B. STRICKLAND.

Dr. Franklin B. Strickland, who died suddenly from heart disease at the age of thirty-eight, at Richmondville, N. Y., on September 22, was one of the most promising of the young physicians of New York. He was born at Charlotte, Vt., but moved early in life to New York city. He was graduated at Cornell University, and afterward at the University Medical College.

Items.

—The distinguished German surgeon, Volkmann, of Halle, has been created a noble by the King of Prussia.

—M. Méhu, in a memoir presented to the Académie de Médecine, states that solutions of biniodide of mercury are best prepared in oils, lard, or vaseline.

—M. Dujardin-Beaumetz, in a communication to the Académie de Médecine, states that it is an error to suppose that India-rubber cloths used in dressings are hurtful.

—According to a writer in the *Chem. News*, the painful burn produced by nitric acid may be successfully treated by a dilute solution of sulphurous acid applied instantaneously.

—M. Gosse has, it is said, found means to restore the life-like expression to the eyes of dead bodies. He places a few drops of glycerine and water on the cornea; life-like expression is reproduced.

—The female drug clerk in temperance towns is not a brilliant success, says a Kansas paper. When you wink at her across a soda fountain, she doesn't know whether to put a little balm of Gilead in your soda or to hang her head and blush.

—M. Limousin, in order to prevent the substances used for hypodermic injections from becoming deteriorated, encloses them in hermetically sealed glass vesicles. The extremity is broken and the syringe immediately filled, when the injection is made.

—*Life* says that at last we know why "uneasy lies the head that wears a crown." A newly-arrived chiropodist from the old country announces himself as late corn-doctor to the Court of Germany, and tells us he has removed corns from several of the crowned heads of Europe.

—According to Professor P. Wagner, steamed potatoes are far more nutritive than boiled ones. With the latter, not only is more water taken up, but also nutritious salts are extracted by the surrounding water. The author publishes analyses in support of his opinion.

—M. Duclaux has studied the influence of sunlight on the vitality of micrococci. A few hours' exposure to the sunlight weakened the pathogenic micrococci and finally killed them. The inference is that sunlight is an universal hygienic agent, one that is most active and powerful, common to both private and public sanitation.

—A candid correspondent of a leading western medical journal writes: "I do not want your journal, especially if I have to pay for it! With as much respect as I can have for any one engaged as you are, I subscribe myself," etc. Such are the interruptions into the riotous ease of the medical editor's life.

—Luminous trees are reported to be growing in a valley near Tuscarora, Nev. At certain seasons the foliage gives out sufficient light to enable any one near at hand to read small print, while the luminous general effect may be perceived some miles distant. The phenomenon is attributed to parasites.

—The Paris correspondent of the *British Medi-*

cal Journal reports that a few days since, a young lady when obtaining from a chemist some chlorate of potash for gargling, was told to "take a spoonful from time to time." She took the dry powder in spoonful doses, and died after five days' illness from vomiting and asthenia.

—The German preparation called oleoze, so great a favorite in disguising unpleasant remedies and making most compounds pleasant to smell and taste, has the following composition: One part each of the oils of lavender, cloves, cinnamon, thyme, citron, mace, and orange flowers, three parts balsam of Peru, and two hundred and forty parts of spirits. One drachm of this added to $\frac{3}{4}$ ij. of simple syrup, will disguise the taste of $\frac{3}{4}$ j. of quinine.

—A popular physician was much pleased with a certain aerated water, and by his assiduous recommendations procured for it a celebrity it justly deserved. The doctor acted solely in the interests of humanity generally, and expected no return. To his surprise there came one morning an effusive letter from the company, stating that his recommendations had done them so much good that they "ventured to send him a hundred —" Here the page came to an end. "This will never do," said the doctor; "It is very kind, but I could not think of accepting anything." Here he turned the page, and found the sentence ran—"of our circulars for distribution."

MARRIAGES.

STEWART—POOL.—October 8, 1885, at the residence of the bride's mother, by Rev. J. S. Blair, George M. Stewart, M. D., of Geneva, Ind., and Miss Florence C. Pool, of Quincy, Ohio.

BRADFORD—NEVINS.—September 30, 1885, in this city, at Calvary church, by Rev. Charles A. Dickey, D. D., Dr. T. Hewson Bradford and Katharine A., daughter of the late J. Willis Nevins.

CLARK—BLISS.—September 17, 1885, in Lyme, N. H., by Rev. E. P. Butler, Edward R. Clark, M. D., of McIndoe's Falls, Vt., and Susie B. Bliss, of Lyme.

FIELD—ATWATER.—October 6, 1885, at Pittsfield, Mass., by Rev. H. M. Field, D. D., assisted by Rev. J. L. Jenkins, Matthew D. Field, M. D., and Lucy, daughter of William L. Atwater, both of New York.

HARGREAVES—DAVIS.—September 30, 1885, at the Central Presbyterian church, by Rev. J. H. Munro, D. D., Thomas William Hargreaves, M. D., to Mary Anna Davis, both of Philadelphia.

HULSE—FERRIS.—September 21, 1885, at the South Second Street Methodist Episcopal church, by Rev. D. A. Goodsell, D. D., of New Haven, Conn., assisted by Rev. M. B. Chapman, D. D., of Brooklyn, W. A. Hulse, M. D., of Bay Shore, L. I., to Louise Ferris, only daughter of Rev. D. O. Ferris, of Brooklyn, N. Y.

KINKEAD—HAMILTON.—October 1, 1885, in Poughkeepsie, N. Y., at the residence of the bride's mother, by Rev. Henry L. Ziegenfuss, rector of Christ church, Dr. John Kinkead and Elise S., eldest daughter of the late Adolph Hamilton.

NEWTON—CRAIG.—September 2, 1885, Dr. James Newton, of Fitchburg, Mass., and Mrs. Mary A. Craig, of Westford, Mass.

DEATHS.

ATLEE.—October 1, 1885, at Lancaster, Pa., John Light Atlee, M. D., LL. D., in the 86th year of his age.

HARDING.—September 18, 1885, in Lawrenceburg, Ind., Dr. Myron H. Harding, aged 75 years.

WOODRUFF.—October 5, 1885, at Morristown, N. J., Dr. E. B. Woodruff, in the 71st year of his age.